

Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
Lloyd's		Dorchester			MARYLAND	
Date of death	1906	Month Aug	Day 28th	Years Age	Months	Days
Sex	male	Color or Race	white	Where Residing if not at place of death	England - Albat Co.	
Occupation	Farmer	Name of Wife or Husband		Lloyd's		
Married, Single or Widowed		Maggie				
Father's Name			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information	Kie Beele		How related to deceased		Son-in-law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

(66)

How long

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

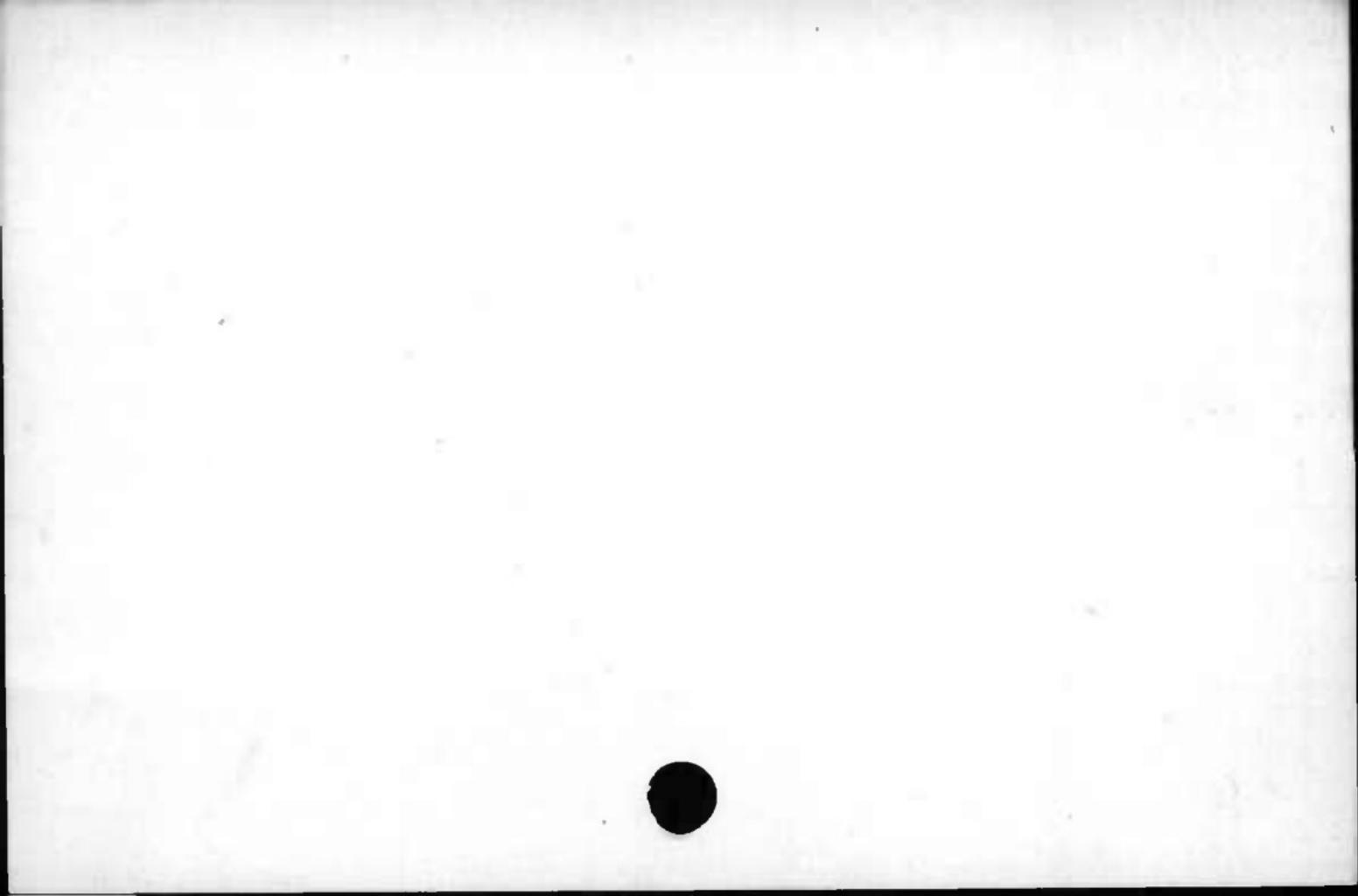
yes

Signature of Physician

E. E Wolff.
Cambridge, Md.

Address

Accident or Suicide?



Name
in
Full

P. C. Armstrong

CERTIFICATE OF DEATH

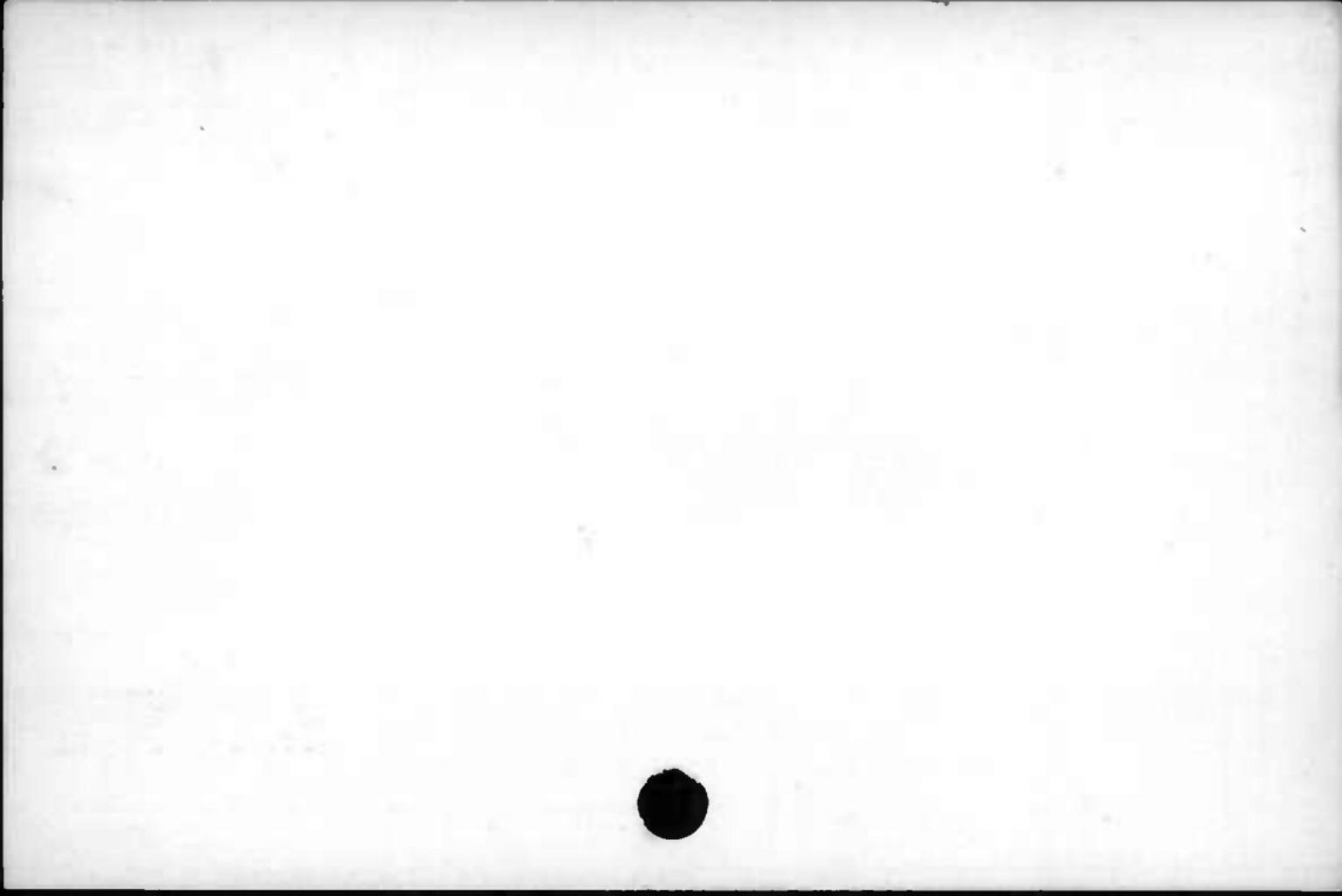
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Color or Race		Black		Birth-place	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Salisbury			
Father's Name	Albert Armstrong		Father's Birthplace		Maryland	
Mother's Maiden Name	Marguerite Shirley		Mother's Birthplace		Maryland	
Name of person giving Information	R. C. Armstrong		How related to deceased		Husband	

CAUSES OF DEATH

Primary	Consumption	(2)	How long	3 Months
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr. Wm. H. Woodward	
		Address	Md.	
Accident or Suicide?				



Name
in
Full

Thomas E. Clifton

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
E.N. Market	Dorchester		
Date of death	Month	Day	Years
1906	Aug	6	1
Age	Months	Days	5
Sex	Color or Race	Birth-place	
male	white	E.N. Market	Md.
Occupation	Where Residing if not at place of death		
Infant	E.N. Market, Md.		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	
		E.N. Market	Md.
Father's Name	Wm L. Clifton	Mother's Birthplace	
Mother's Maiden Name	Mamie Short	Luckwood	Md.
Name of person giving information	Wm L. Clifton	How related to deceased	Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Cholera

How long

9 days

Immediate

Cardiac asthma

How long

Are the name, age, sex, color, date and place correctly given above?

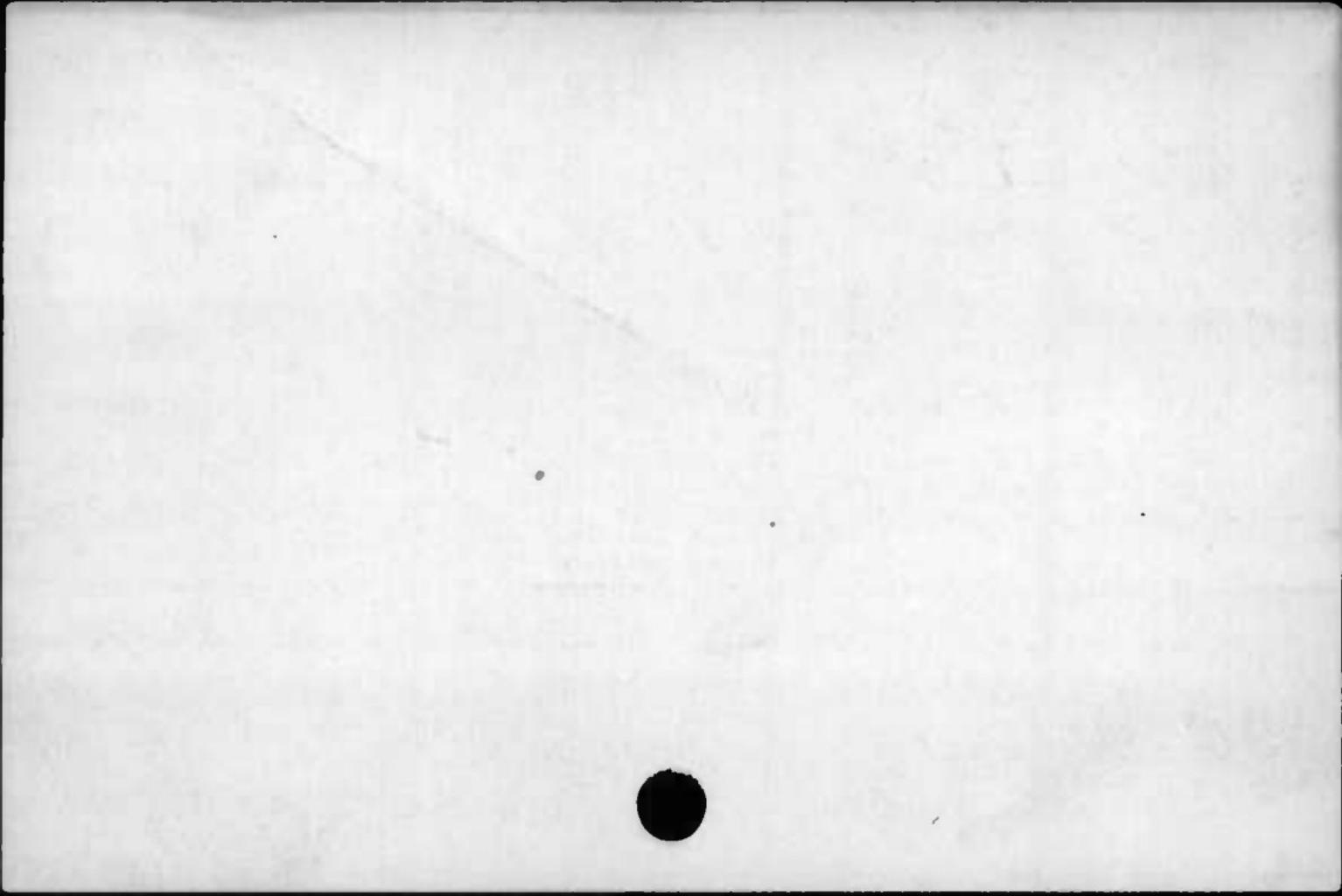
yes

Signature of Physician

Address

Edward L. Jones
E.N. Market, Md.

Accident or Suicide?



Name
in
Full

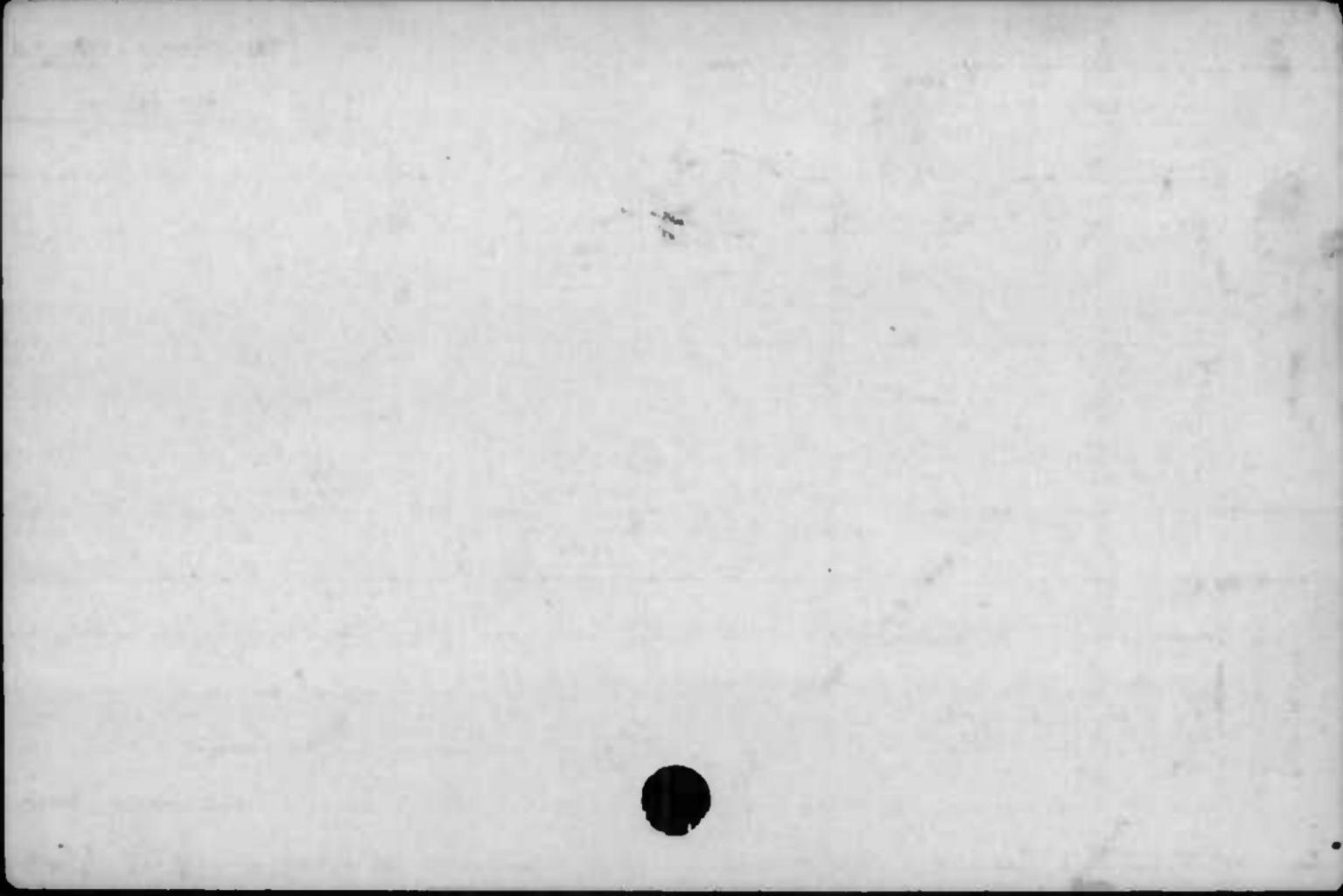
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

CAUSES OF DEATH

Primary	Prismatum	C	How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John Macdonald
		Address	Cambridge Md
Accident or Suicide?	No		



Name
in
Full

Susie Conoway

CERTIFICATE OF DEATH

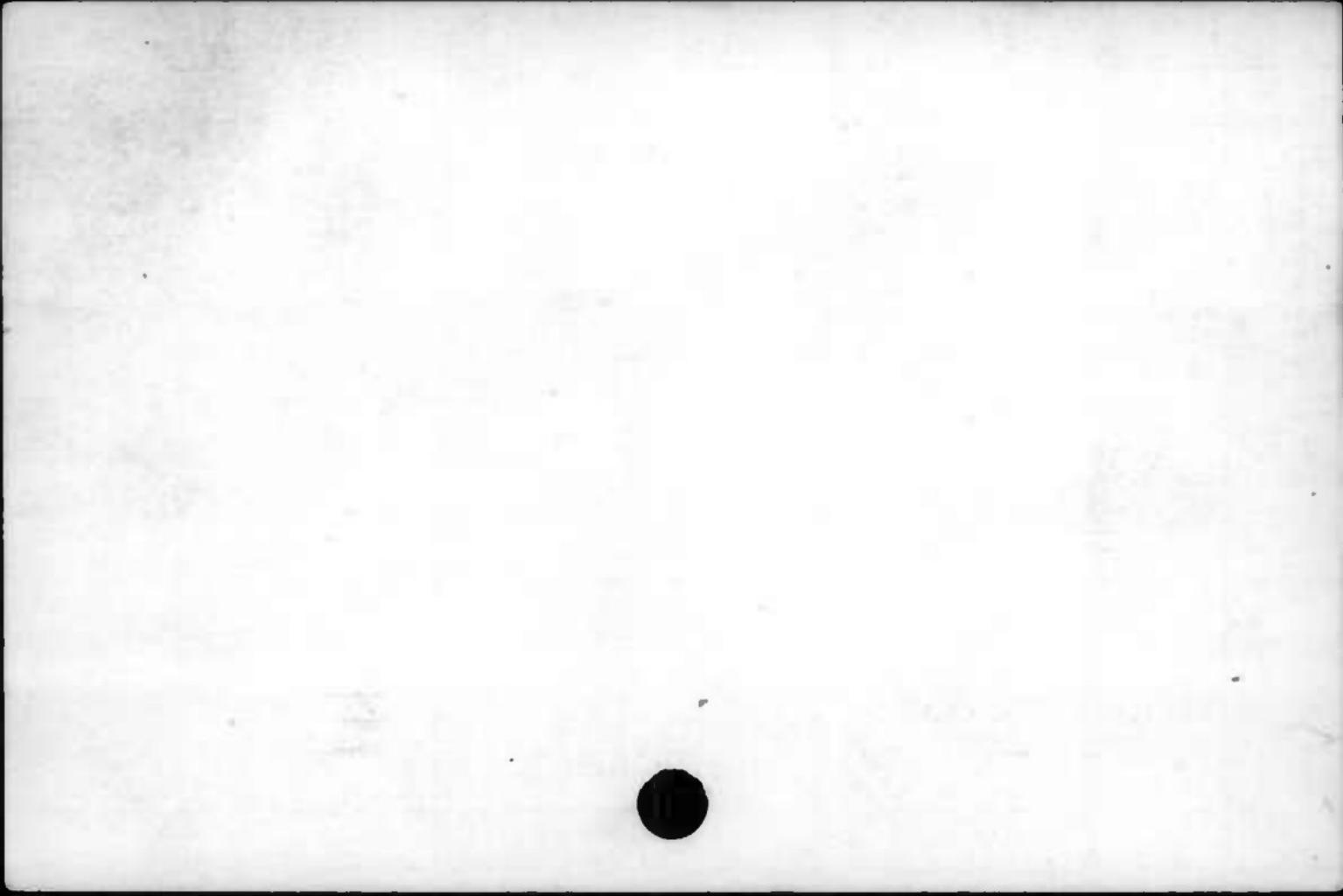
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	3	0	3
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Herman Conway				
Mother's Maiden Name	Mik Mutter				
Name of person giving information	Herman Conway				
Father's Birthplace	Salem, Md.				
Mother's Birthplace	Salem, Md				
How related to deceased	Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	8 mos
Immediate	Pertussis		How long	8 weeks
Are the name, age, sex, color, date and place correctly given above?	Yrs	Signature of Physician	Edward L Jones	
		Address	E. N. Market, Mo	
Accident or Suicide?				



Name
in
Full

George W. Cornish

14

CERTIFICATE OF DEATH

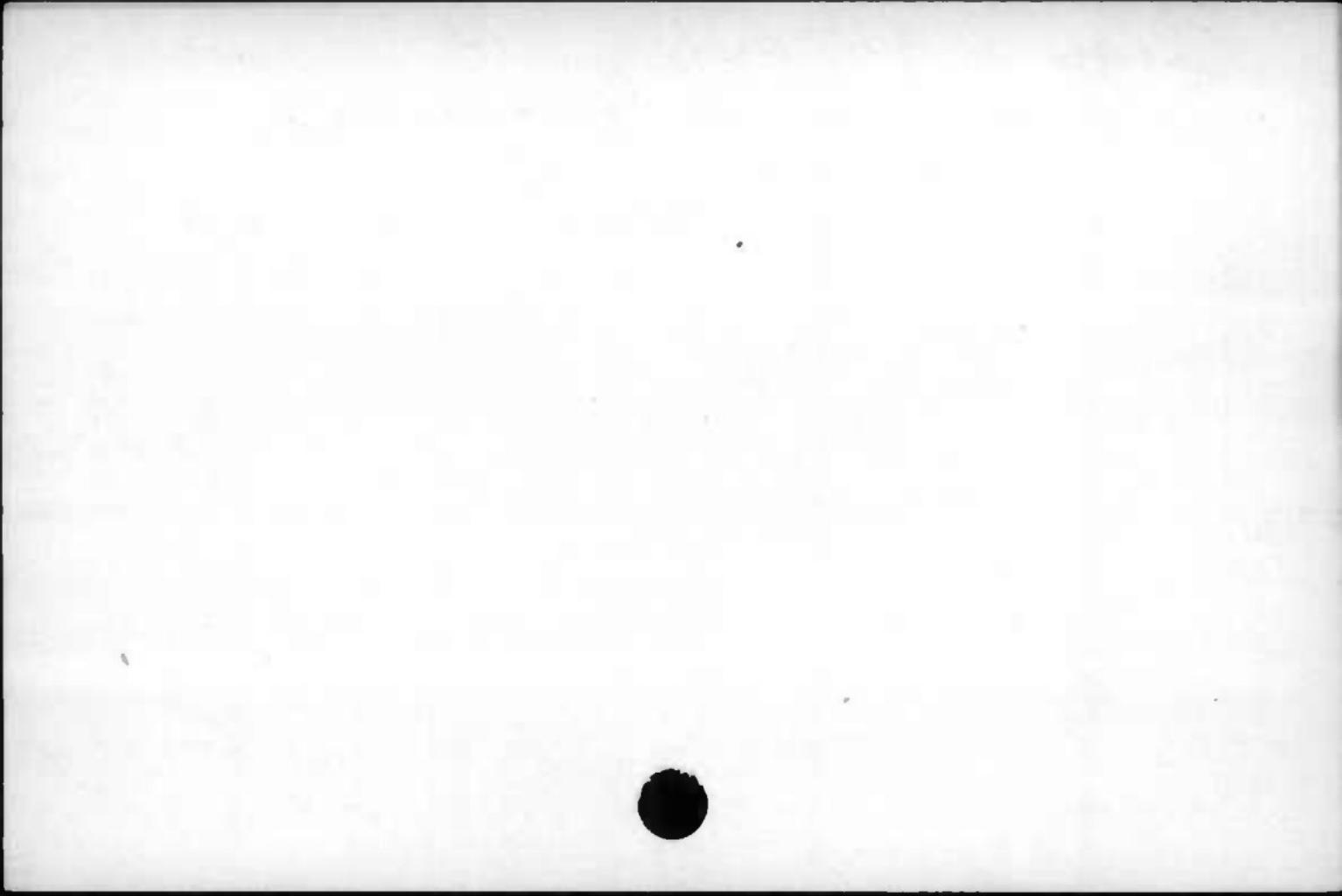
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baltimore</u>		Town	County <u>Dorchester</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Aug</u>	Day <u>15</u>	Age <u>29</u>	Years <u>29</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Dorchester Md</u>				
Occupation <u>Cook.</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband					
Father's Name <u>Unknown</u>	Father's Birthplace					
Mother's Maiden Name <u>Mary Cornish</u>	Mother's Birthplace <u>Dorchester Md</u>					
Name of person giving information <u>Mr & Mrs Spudder</u>	How related to deceased <u>Not at all</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhus Fever</u>	How long <u>6 weeks</u>
Immediate <u>Exhaustion</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. G. L. Abbott</u>
	Address <u>Cambridge Ma</u>
Accident or Suicide?	



Name
in
Full

Annie S. Dean

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	22
Occupation	Where Residing If not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	John S. Dean		
Mother's Maiden Name	Martha E. Meekins		
Name of person giving information	John S. Dean		

CAUSES OF DEATH

(b) 9
How long 2 weeks
How long 4 days

PHYSICIAN
OR CORONER

Primary	Paralysis - (Epileptic)	How long	2 weeks
Immediate	Hypostatic Pneumonia	How long	4 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. R. Springer Jr.
		Address	Taylor's Island Md.
Accident or Suicide?			



Name
in
Full

Martha Demby

CERTIFICATE OF DEATH

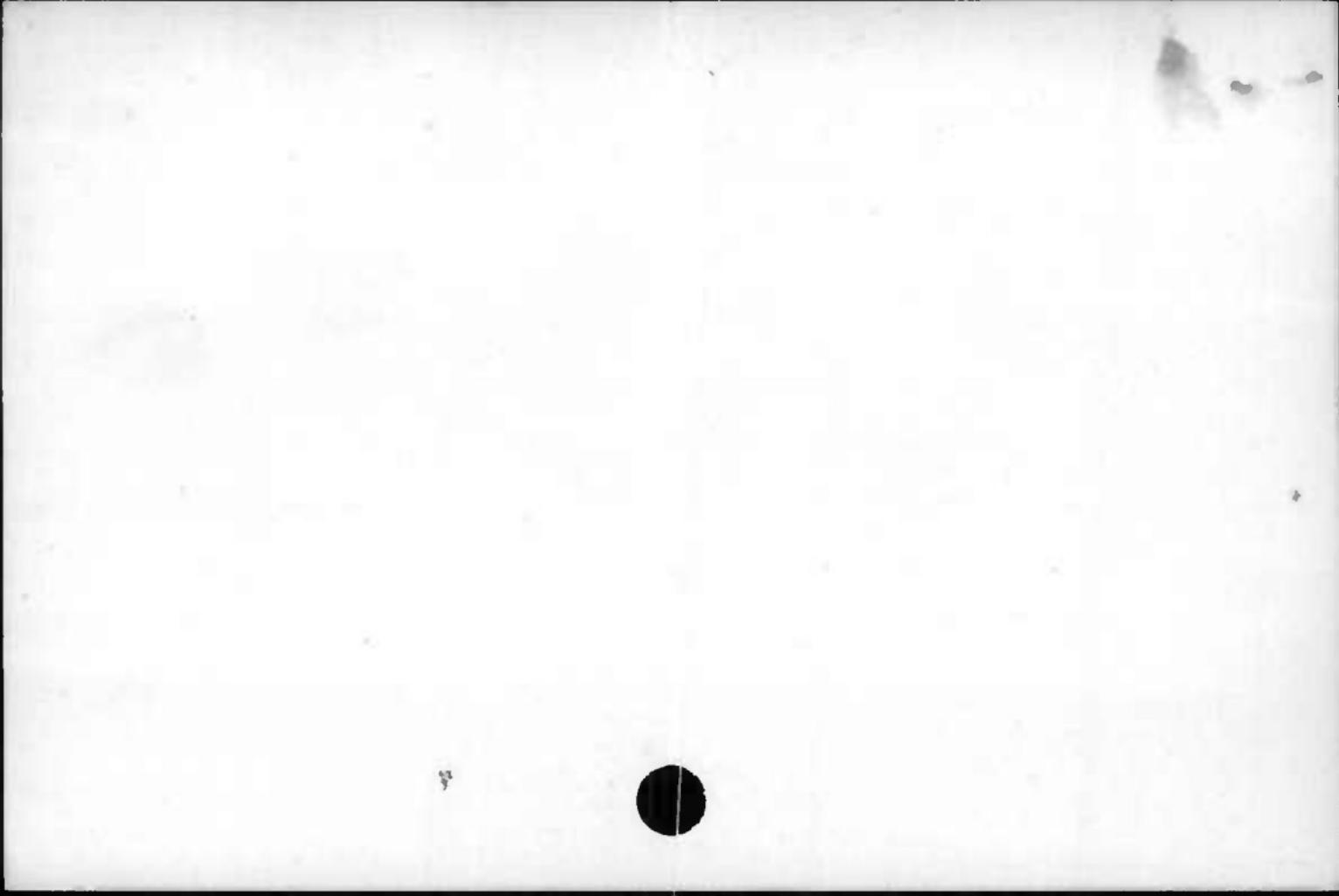
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Husband	Waller Demby	
Father's Name	Geo Campbell	Father's Birthplace	County
Mother's Maiden Name	Frances Stanley	Mother's Birthplace	"
Name of person giving Information	W. J. Parker	How related to deceased	now

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	2 yrs
Immediate	Inflammation		How long	-
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	L. Brogden Parker	
		Address	Revere Mass	
Accident or Suicide?	—			



Name
in
Full

Dennis

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Vienna		Town	County Dorchester		MARYLAND	
Date of death 1906	Month Aug	Day 20	Years	Months	Days.	
Sex Male	Color or Race		Birth-place County			
Occupation Child	Where Residing If not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name Henry Dennis	Father's Birthplace Md					
Mother's Maiden Name dead don't know	Mother's Birthplace Md					
Name of person giving information Aaron Hollis	How related to deceased None					

CAUSES OF DEATH

Primary Enteric colitis	How long 2 weeks
Immediate inanition	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician
	Address
Accident or Suicide?	

105

2 weeks

6 Brocton ave
Vienna
Md



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Emma Francis Fisher

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Munths	Days
Sex	Female	Color or Race	Age	42	10 15
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Chas. H. Fisher			
Father's Name	Do not know				
Mother's Maiden Name	Frances Robinson				
Name of person giving information	Chas. H. Fisher				

CAUSES OF DEATH

170

How long

Do not know.

How long

1 week

Primary

chronic interstitial nephritis. ~~terminal~~ ~~terminal~~

Immediate

Gastro-Enteritis. Heart failure

Are the name, sex, color, date and place correctly given above?

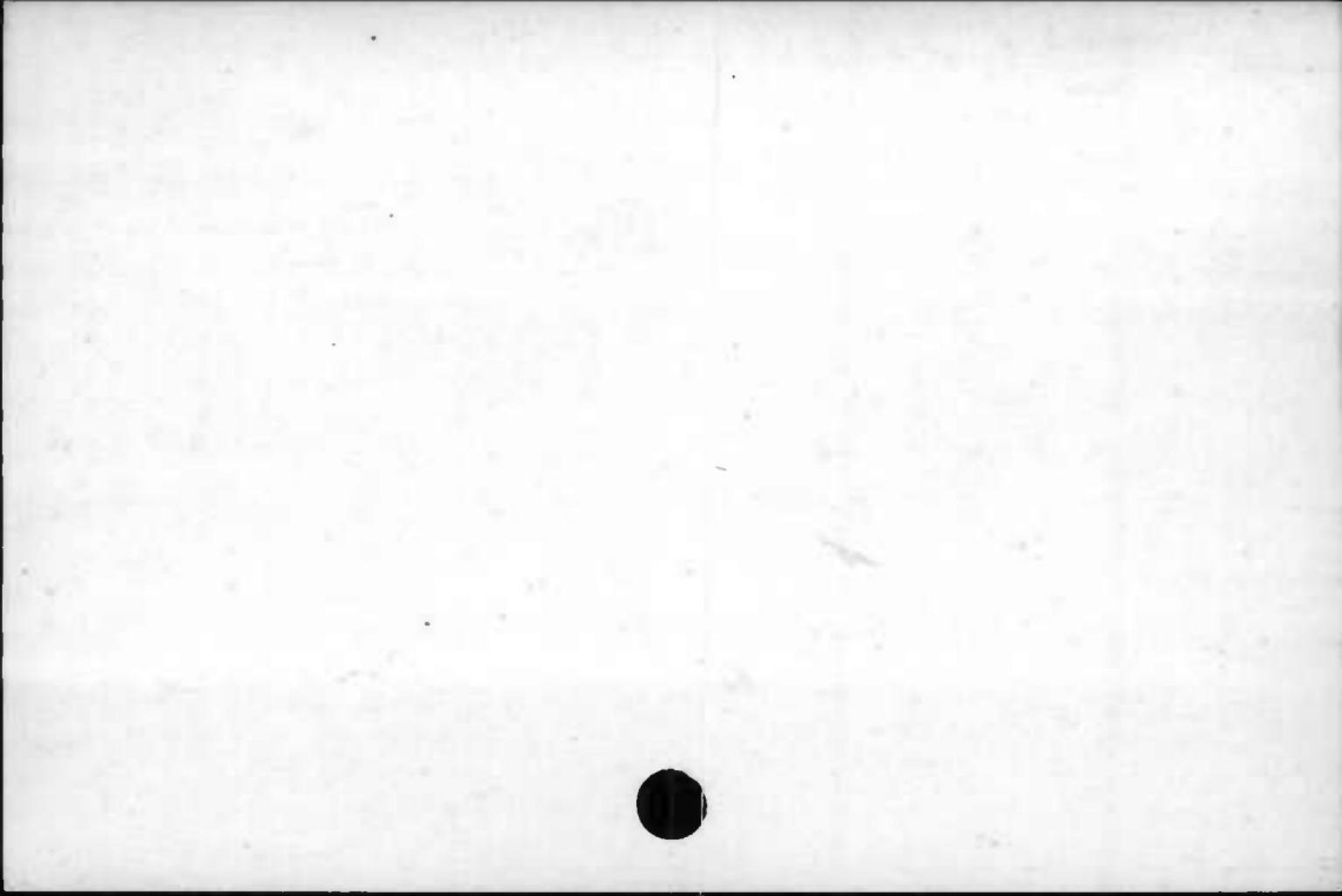
Signature of Physician

age.

Address

W.H. Anthony and
Fishing Creek
Flint

Accident or Suicide?



Name
in
Full

Hicks (Infant)

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wellness Bay</u>		County <u>Dorchester</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>8</u>	Day <u>27</u>	Age <u>1</u> Years	Months	Days <u>8 days</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Mr</u>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>W.S. Hicks</u>		Father's Birthplace <u>Mr</u>			
Mother's Maiden Name <u>Minnie Singer</u>		Mother's Birthplace <u>Mr</u>			
Name of person giving information <u>W.S. Hicks</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Deer knoced?

(119)

How long

Immediate

How long

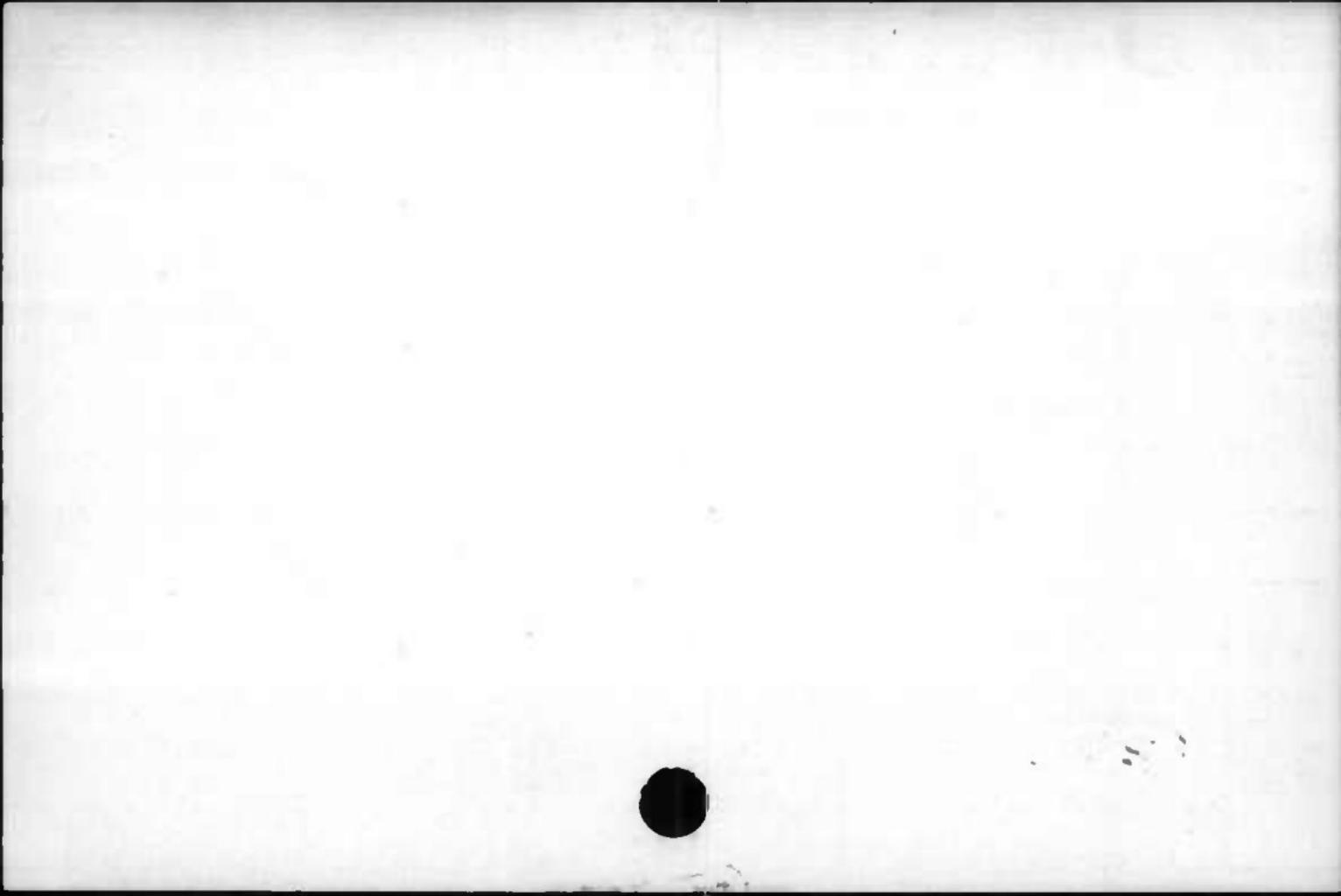
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Raymond Dwyer

Accident or Suicide?



Name
in
Full

Frederick Hooge

10

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
near Cambridge	F Dorchester		Months	Days
Date of death	Month	Day	Age	Years
1906	Aug.	12	86	
Sex	Color or Race	White	Birth-place	Germany
Occupation	Where Residing if not at place of death			near Cambridge
Farmer				Lorraine Hooge
Married, Single or Widowed	Name of Wife or Husband			
Widow	Rosalia Virg			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			Granddaughter

CAUSES OF DEATH

Primary

Old age
Cancer

154

How long

How long

Some days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Doris G. L. Brown
Cambridge, Md.PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Robert Jackson 19

CERTIFICATE OF DEATH

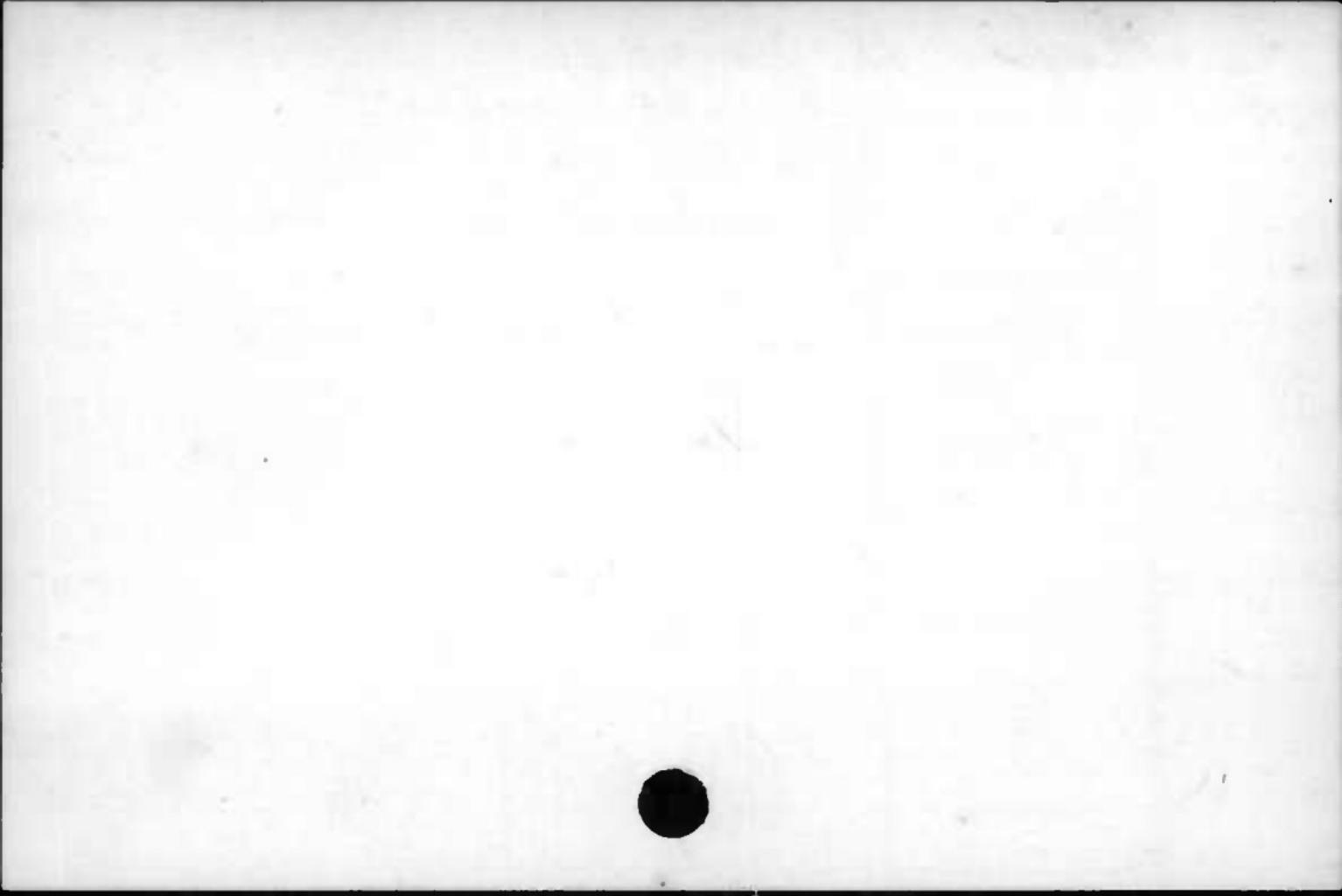
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Sex	Month	Day	Years	Months	Days
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Robert Jackson			
Father's Name	Stephen Jackson Jr.				
Mother's Maiden Name	Rachel Stanley				
Name of person giving Information	Robert Brown				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Run over by Tractor Engine	(No) How long
Immediate	Scoevulsion of Organs Intestinal	a few minutes How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide? No, seen by my physician		



Name
in
Full

Rufus R. Farmer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died near Church Creek Dorchester		Town	County	MARYLAND		
Date of death 1906	Month August	Day 11 th	Years 53	Months	Days	
Sex Male	Color or Race	Col.	Birth-place Berlin, Worcester Co., Md.			
Occupation Farmer	Where Residing if not at place of death —					
Married, Single or Widowed Married	Name of Wife or Husband Sarah Hughes					
Father's Name Dorth Ward	Father's Birthplace —					
Mother's Maiden Name Sarah Farmer	Mother's Birthplace Berlin, Worcester Co., Md.					
Name of person giving information Sarah Farmer	How related to deceased Wife					

PHYSICIAN
OR CORONER



Primary

Interstitial Nephritis

(120) How long
2 or 3 yrs

Immediate Dorth Ward

Are the name, age, sex, color, date and place correctly given above?

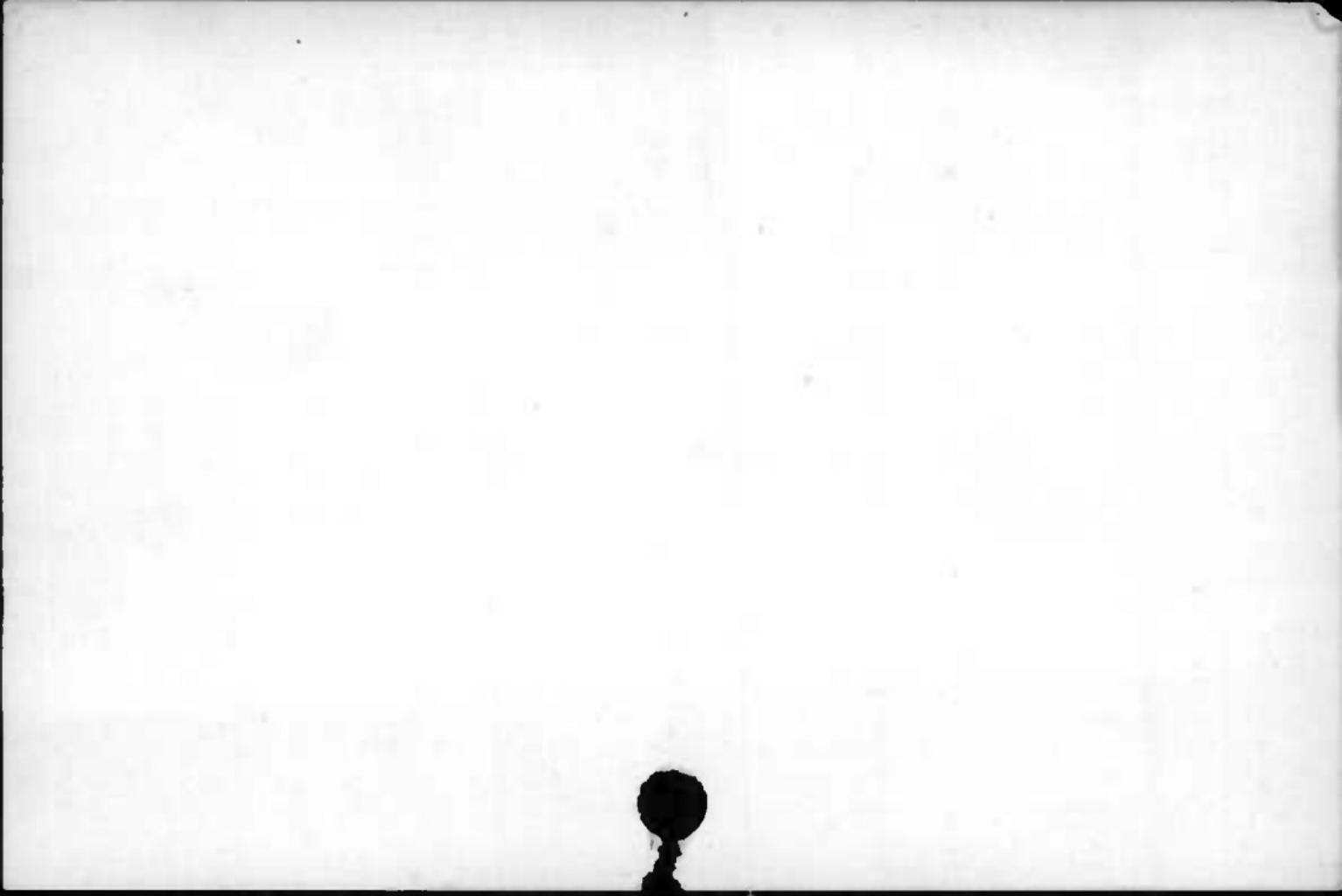
Probably

Signature of Physician

R. L. Quietium, M.D.
Church Creek, Md.

Address

Accident or Suicide?



Name
in
Full

Andrew W. Jevor 17

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	town	County	MARYLAND
Date of death 1906	Month Aug.	Years	Days
Sex Male	Color or Race Colored	Birth-place Maryland	
Occupation child	Where Residing if not at place of death Blackwater		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Wm J. Camper	Father's Birthplace	Maryland
Mother's Maiden Name	Priscilla Jevor	Mother's Birthplace	
Name of person giving information	Wm J. Camper	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Blepharitis infantum 105 How long

Immediate How long

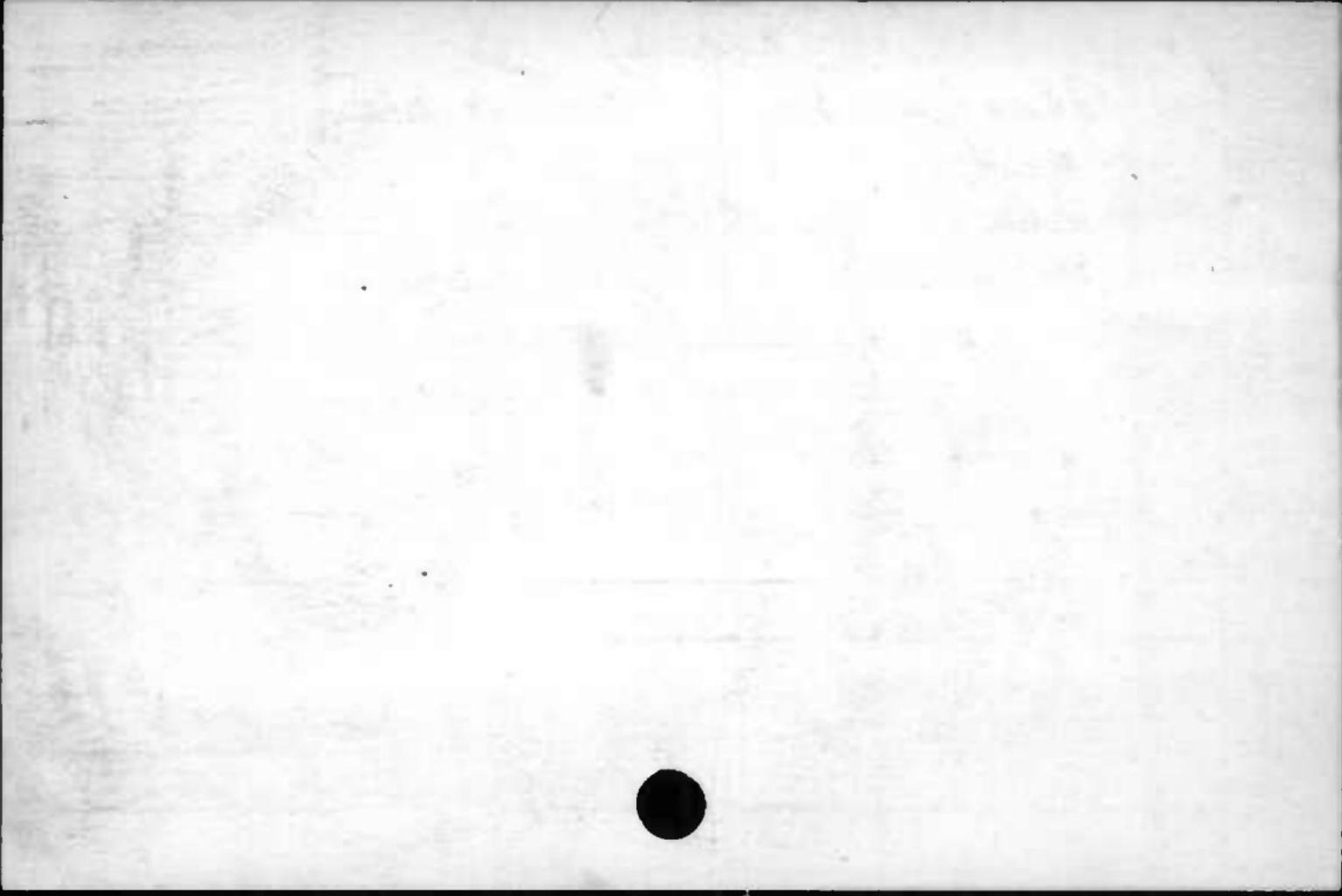
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

E. E. Wolff

Address Cambridge, Md.

Accident or Suicide?



Name
in
Full

Mary A. Killen

7

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	Aug.	7	Age 23		
Sex Female	Color or Race	White	Birth-place	Md.	
Occupation Hawk	Where Residing if not at place of death				
Married, Single or Widowed married	Name of Wife or Husband	George E. Killen			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information	George E. Killen			How related to deceased	Husband.

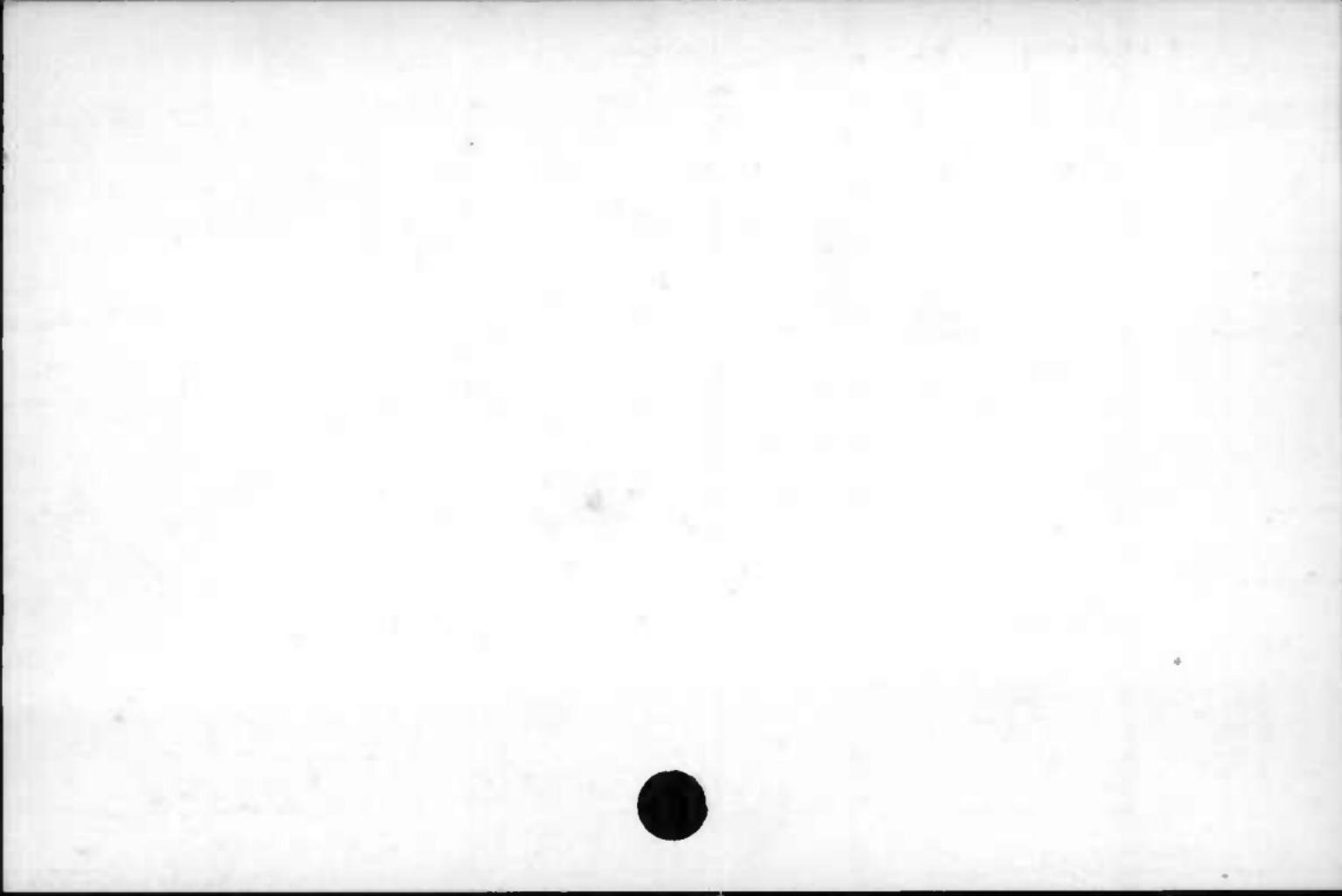
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever.	1	How long
Immediate	Exhaustion		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E.E.Wolff

Address
Cambridge, Md.

Accident or Suicide?



Name
in
Full

Henry S. Lealand 18

CERTIFICATE OF DEATH

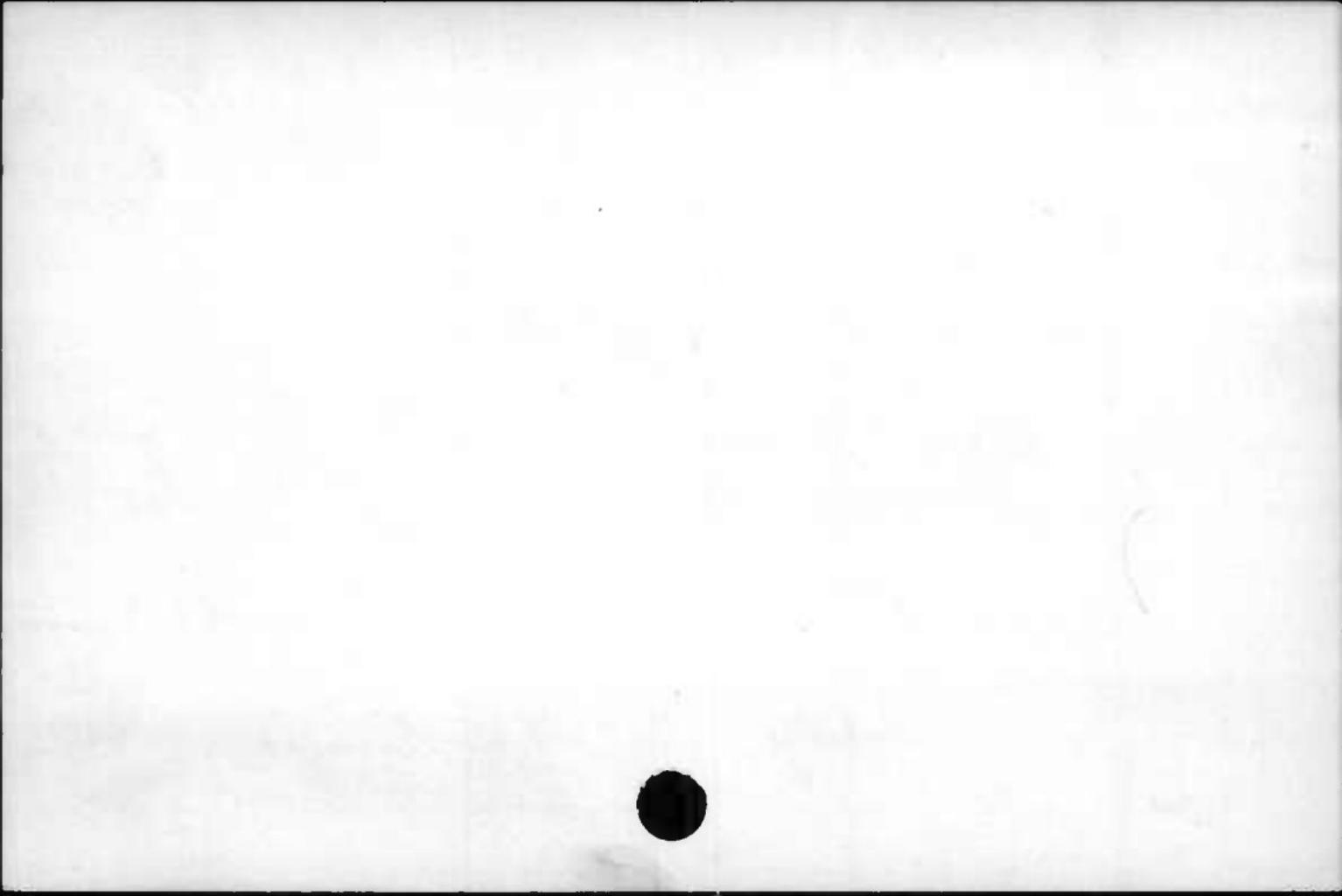
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Male	Color or Race	White	Birth-place
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Henry Lealand			
Mother's Maiden Name	Mary Virginia Stewart			
Name of person giving Information	In Henry Lealand			
Father's Birthplace Dorchester Md				
Mother's Birthplace , , , ,				
How related to deceased Mother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever		How long
Immediate	Exhaustion		3 weeks.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	How long
		Dorothy L. Brown	After 2 days.
		Address	Cambridge Md
Accident or Suicide?			



Name
in
Full

Annie Lee

CERTIFICATE OF DEATH

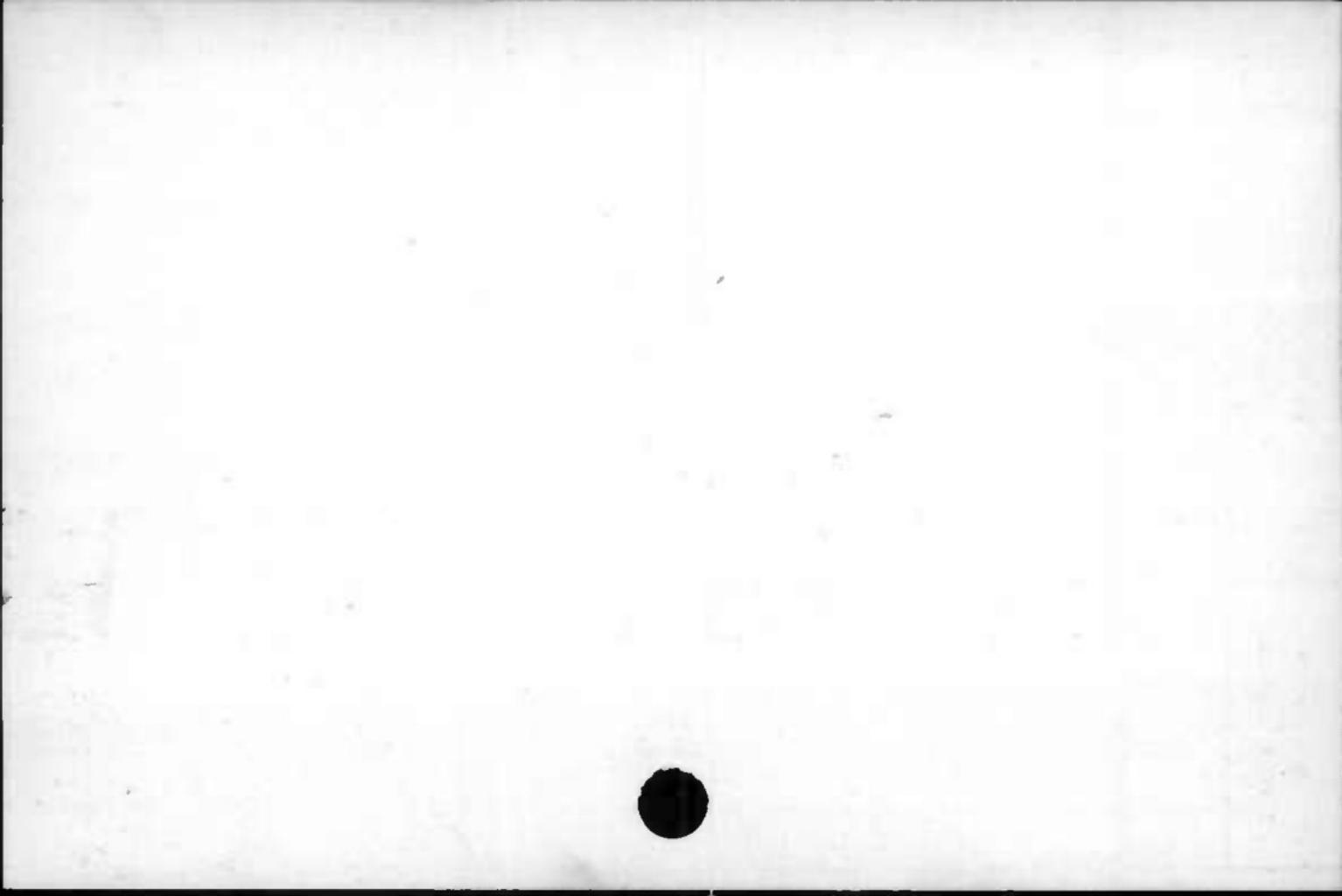
TO BE ANSWERED BY
NEAREST FRIEND

Died <u>near Melton</u>		Town	<u>Dorchester</u>		County	MARYLAND	
Date of death	1906	Month August	Day 21 st	Age	Years —	Months about 8	Days —
Sex	Female	Color or Race	Col.	Birth-place <u>Dor. Co. Md.</u>			
Occupation	Infant	Where Residing if not at place of death					
Married, Single or Widowed	Infant	Name of Wife or Husband	Infant				
Father's Name	Jessie Lee	Father's Birthplace <u>Dor. Co. Md.</u>					
Mother's Maiden Name	Mary L. Brown	Mother's Birthplace <u>Dor. Co. Md.</u>					
Name of person giving information	Jessie Lee	How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Euleritis</u>	Signature of Physician <u>V. L. Quinticum M.D.</u>	How long <u>about 2 months</u>
	Immediate <u>Don't know</u>		How long <u>Don't know</u>
Are the name, age, sex, color, date and place correctly given above?		Address <u>Church Creek, Md.</u>	
Accident or Suicide?			

105



Sarah E. McKnut

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days
Sex	Color or Race	Birth-place				
Occupation	Where Residing If not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Jrs. E. Mc Knut				
Father's Name	John Vincent					
Mother's Maiden Name	Elizabeth A. Manning					
Name of person giving Information	Jrs. E. Mc Knut					
Father's Birthplace	Dr. Comd.					
Mother's Birthplace	Dr. Comd.					
How related to deceased	Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Goutie Nee

103

How long

I must

Immediate

Perforation

How long

Are the name, age, sex, color, date and place correctly given above?

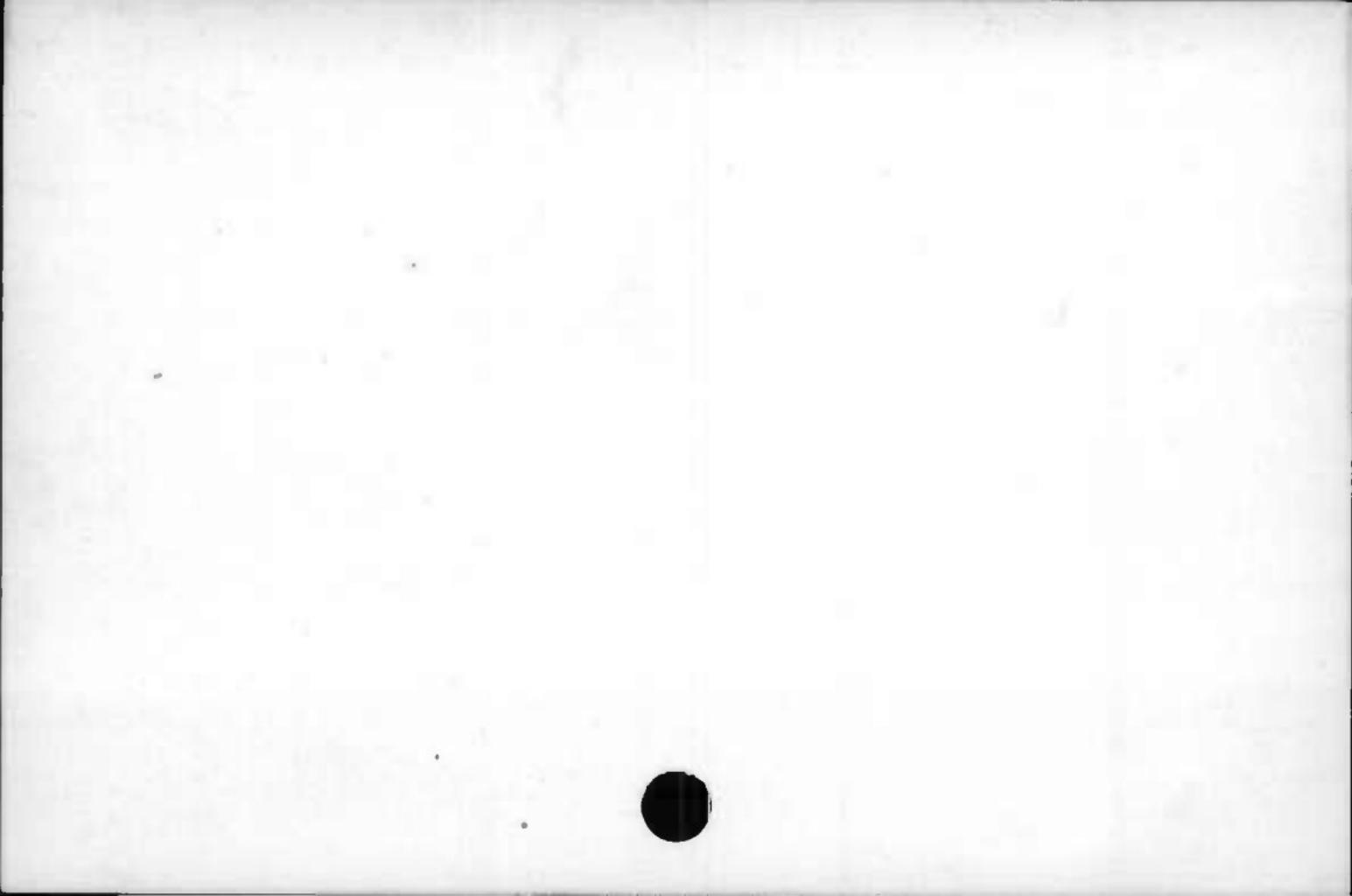
Yrs

Signature of Physician

Address

Any Stull

Accident or Suicide?



Name
in
Full

marshall

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Thomas	Town	County	MARYLAND		
Date of death	1906	Month	Day	Age	Years	Months
	Aug		5	0	0	4
Sex	Male	Color or Race	White	Birth-place Thomas Md		
Occupation				Where Residing if not at place of death		
Married, Single or Widowed				Name of Wife or Husband		
Father's Name	Milton Marshall			Father's Birthplace	Thomas Md	
Mother's Maiden Name	Lizzie E Messick			Mother's Birthplace	Thomas Md	
Name of person giving information				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	unknown	(5)	How long
Immediate	Further in advanced stage of Tuber-pul.		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	SA Stolze
		Address	R# 6 # 5 Cambridge
Accident or Suicide?			md



Name
in
Full

William Martinman 2

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1906	Month Aug	Day 2	Years 64	Months 2	Days 4
Sex Male	Color or R	Birth-place			
Married Single or Widowed	Occupation Farmer				
Name of Wife or Husband	Sarah Eas				
Father's Name	James Martinman				
Mother's Maiden Name	Cambaham				
Name of person giving information	Samuel Eas				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Complication	(No)	How long	Six months
Immediate	Exhaustion		How long	short while

Are the name, age, sex, color, date and place correctly given above?

Yes

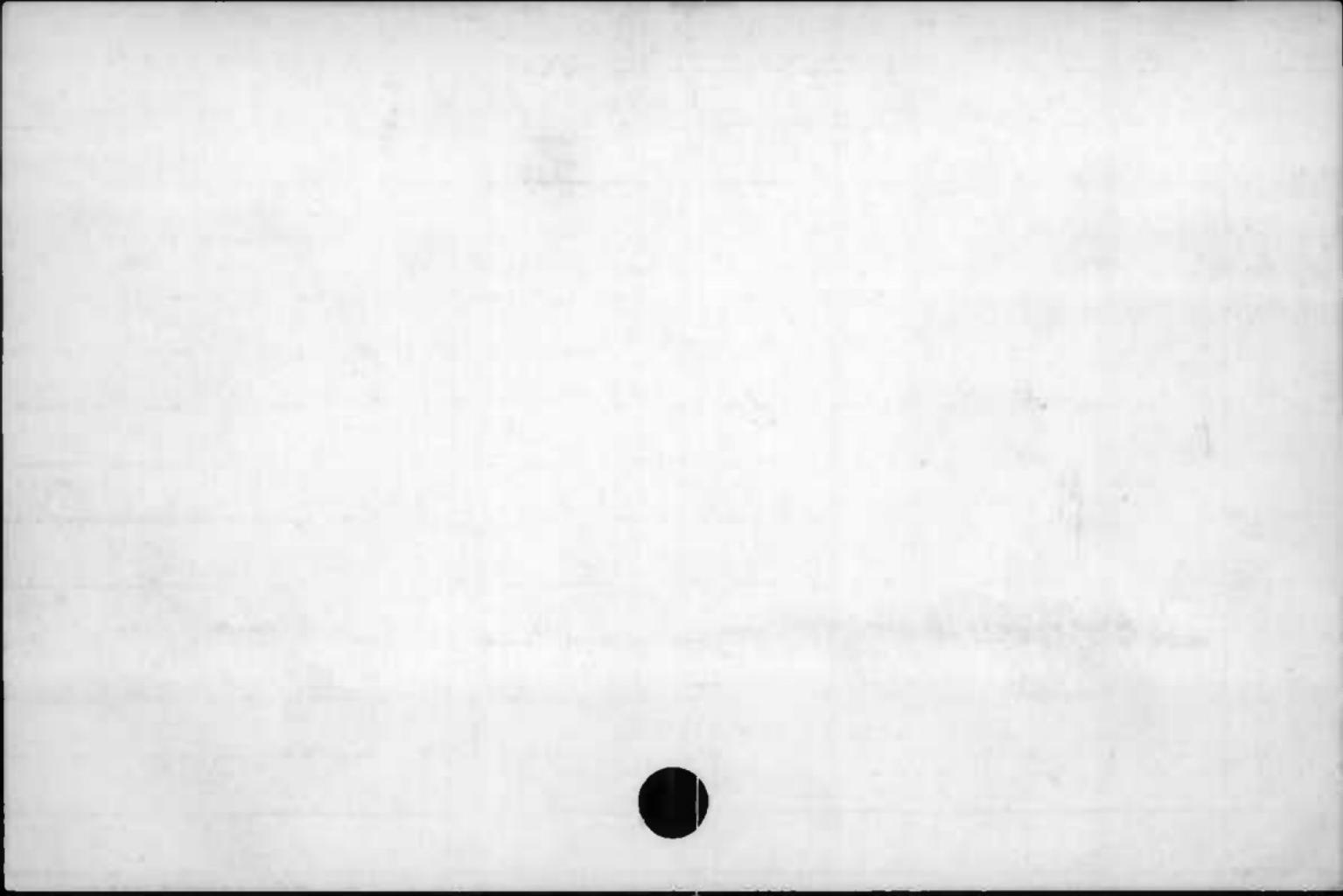
Signature of Physician

Address

John Moore
Cambaham

Accident or Suicide?

No



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Her J. Pruskin

8

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death 1906	Month 8	Day 7	Years 71	Months -	Days -
Sex Male	Color or Race white	Birth-place Ma			
Occupation Business man	Where Residing if not at place of death Cambridge				
Married, Single or Widowed married	Name of Wife or Husband Mrs Tidew				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic Bronchitis.

64

How long Some months

Immediate Hemorrhage into the Brain

How long 24 hours

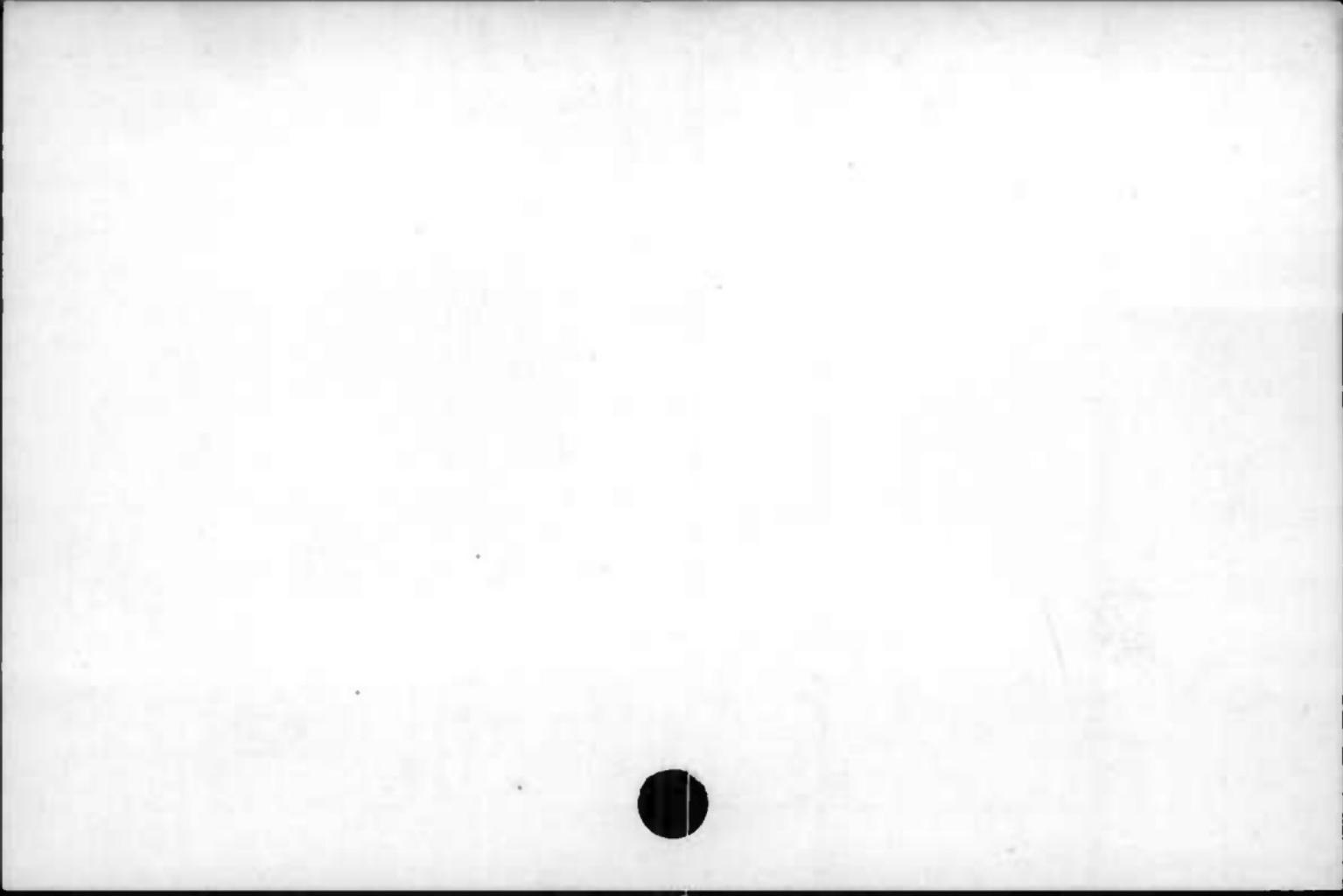
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr Goldfarb
Cambridge MA

Accident or Suicide?



Name
in
Full

Oscar Leonard Meredith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Male	Color or Race	Age XX	Birth-place Md
Occupation	None	Where Residing if not at place of death		
Married, Single or Widowed	—	Name of Wife or Husband	—	
Father's Name	Webster W. Meredith			Father's Birthplace Md
Mother's Maiden Name	Julia Blanche Mason			Mother's Birthplace Md
Name of person giving information	Webster W. Meredith			How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Enter - eobitis

105

How long

7 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

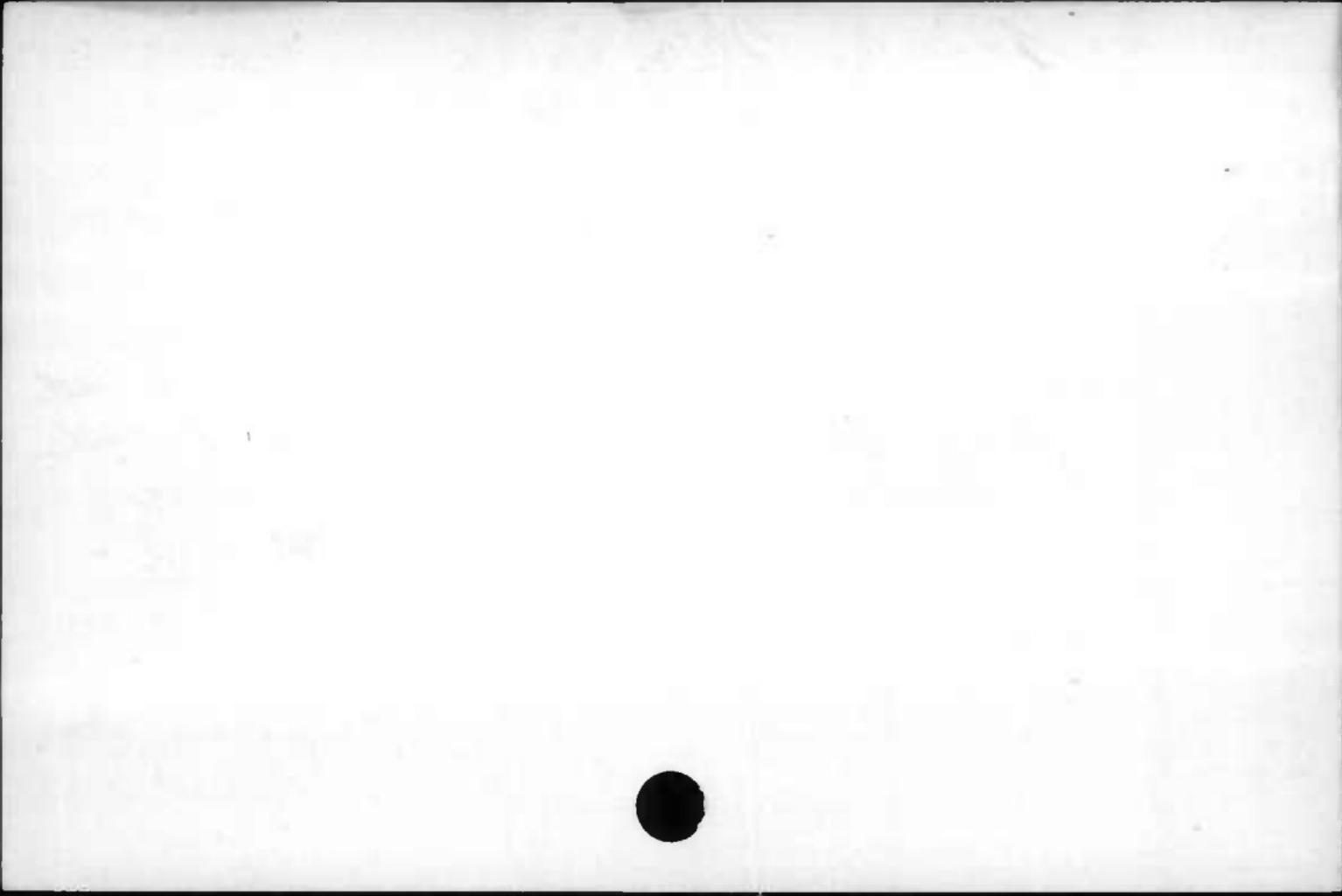
Signature of Physician

E. A. Jones

Address

Baltimore, Md

Accident or Suicide?



Name
in
Full

Sarah Milbourne

CERTIFICATE OF DEATH

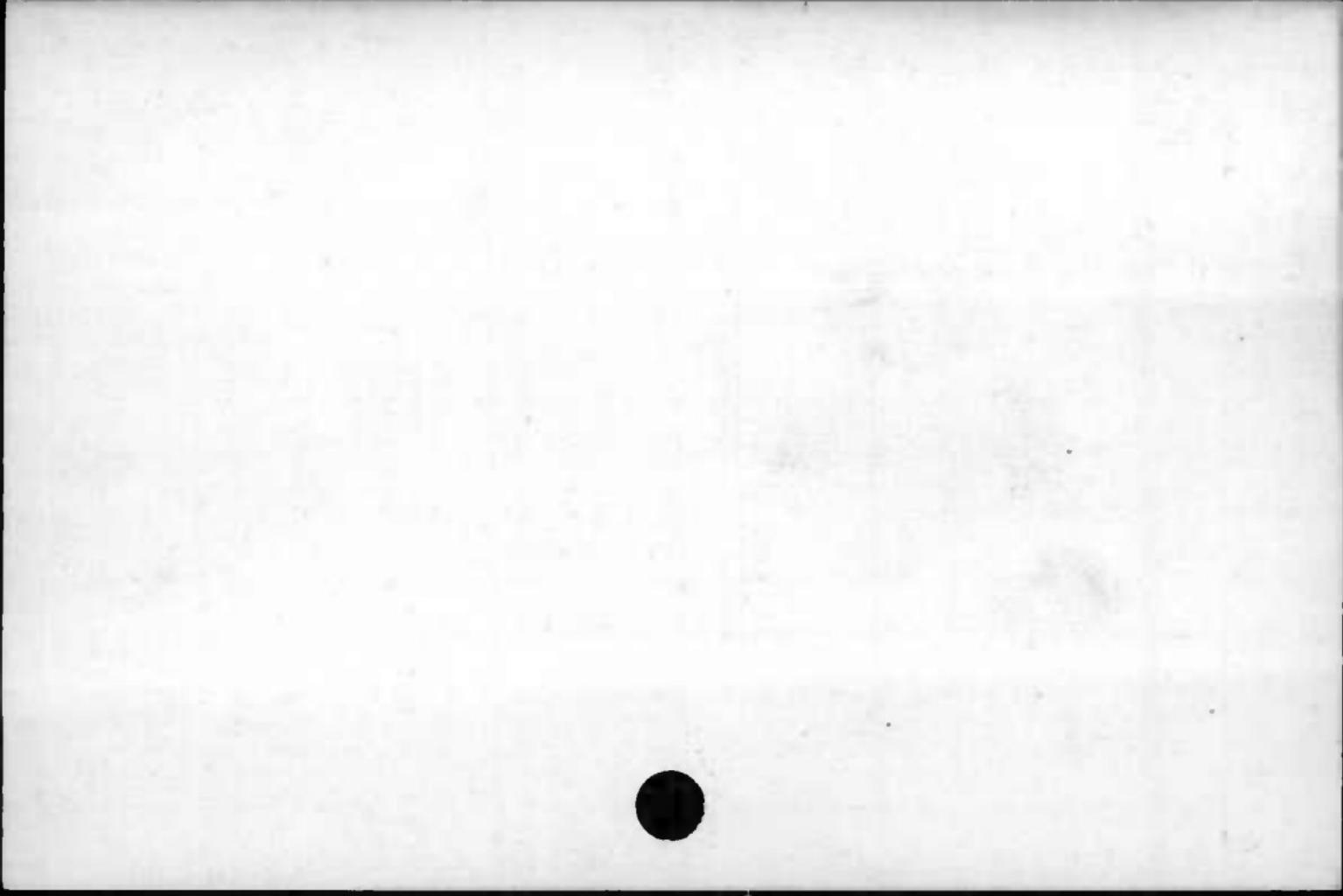
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	McAdoo	Dorchester	
Date of death	Month	Day	Years
1906	August	1st	about 40
Sex	Color or Race	Birth-place	
Female	Col.	Dr. Co. Md.	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Benjamin Milbourne	
Father's Name	Kurtz Isaac		
Mother's Maiden Name	Jane Dunalls		
Name of person giving information	Howard Richardson		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever	(1)	How long	Dont know
Immediate	Dont know		How long	
Are the name, age, sex, color, date and place correctly given above?		Probably	Signature of Physician	R. L. Smithson
			Address	Church Creek, Md.
Accident or Suicide?				



Name
in
Full

Joseph B. Mills

3

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age 50	Birth-place	Maryland
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Joseph Mills			Father's Birthplace	Maryland
Mother's Maiden Name	Elinor Mills			Mother's Birthplace	
Name of person giving information	Jamie Mills 106			How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Nervous exhaustion & Colitis

How long Some months

Immediate Exhaustion

How long Some days

Are the name, age, sex, color, date and place correctly given above?

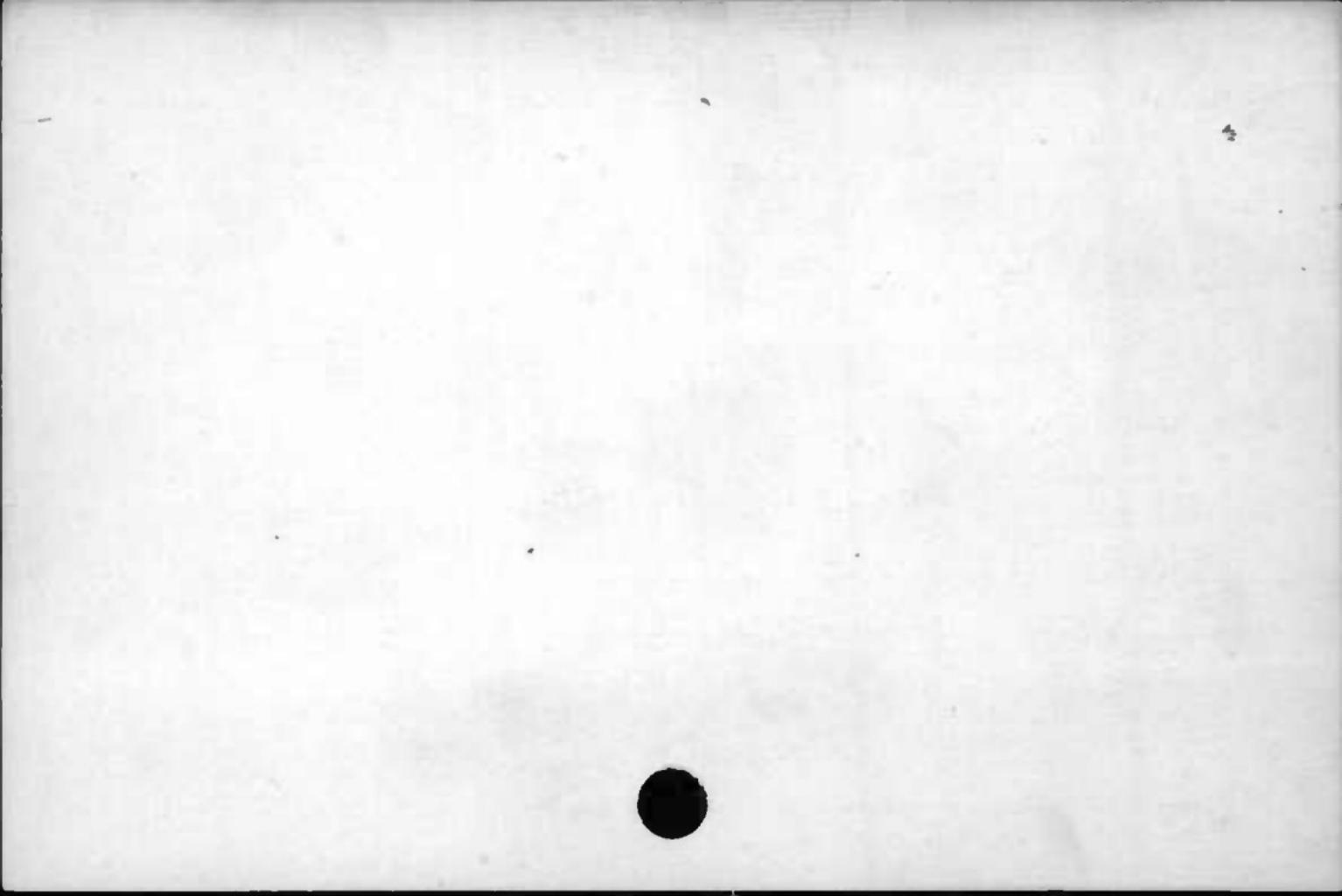
Yes

Signature of Physician

B.W. Gidson, Coroner
Carrolton, Maryland

Address

Accident or Suicide?



Name
in
Full

Matilda Price

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Holland Del.	Town	County	MARYLAND		
Date of death	1906	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	pa.	
Occupation				Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	James H. Price			
Father's Name	Mr. Lewis			Father's Birthplace	pa	
Mother's Maiden Name	Caroline Lewis			Mother's Birthplace	pa	
Name of person giving information	Mrs Jones			How related to deceased	daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Intestinal Indigestion		How long	1 yr
Immediate	Intestinal obstruction & exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E. Gordon Taell	
		Address	Holland Del. Md.	
Accident or Suicide?				



Name
In
Full

Clarence Pritchett

20

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1906	Month August	Day 27 th	Years 12
Sex male	Color or Race white	Birth-place Lakesoville	Months 10
Occupation	Where Residing if not at place of death Straits dist		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace Dorches	Strait's
Father's Name Wm. D. Pritchett	Mother's Maiden Name Anna V. Wingate	Mother's Birthplace "	"
Name of person giving information Wm. J. Pritchett	How related to deceased Grandfather		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

36 hours

Immediate

How long

12 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

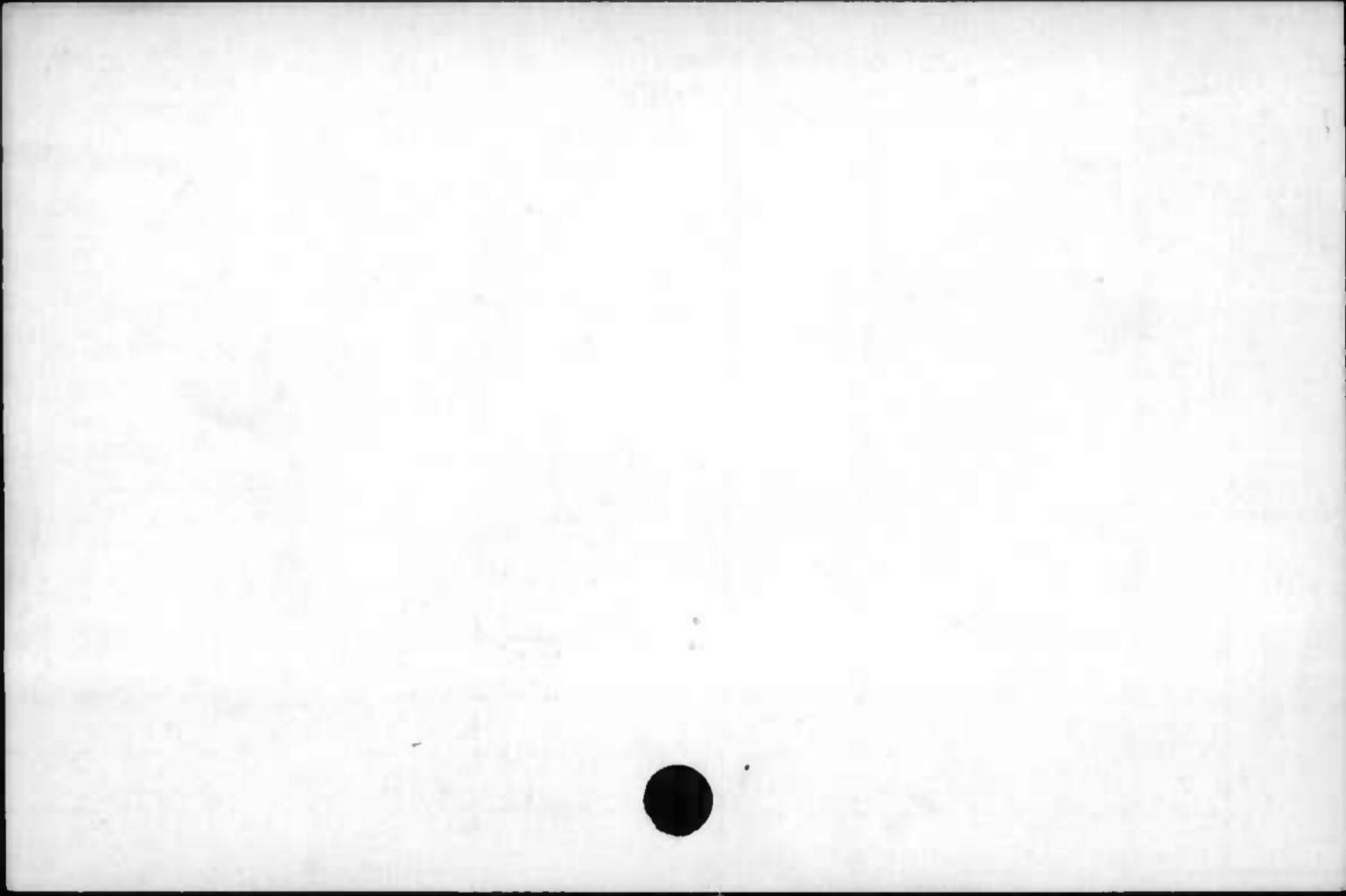
Address

Henry Steele

Cambridge Md.

Accident or Suicide?

Never seen deceased until after his death



Name
In
Full

James W. Robinson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	24	3	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	—				
Mother's Maiden Name	Rebbie Robinson				
Name of person giving information	Rebbie Robinson				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute *On digestion*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician

Address

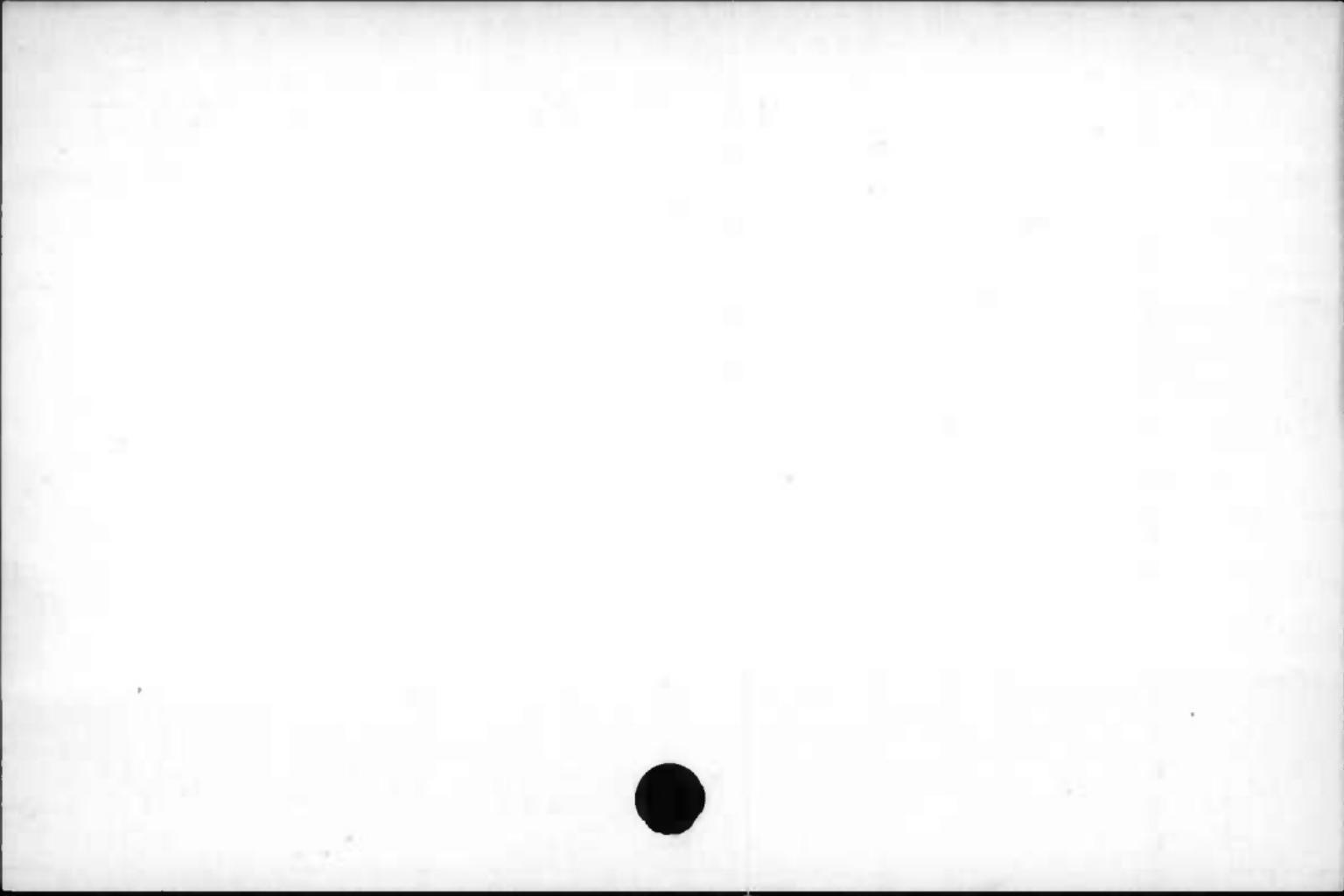
O. J. Maguire
Hawlock Md

104

How long

How long

24 hours



Name
in
Full

George Schleuter

5

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Md.
Occupation	Child				
Married, Single or Widowed	Single				
Name of Wife or Husband					
Father's Name	Wm F. Schleuter				
Mother's Maiden Name	Viola Peters				
Name of person giving Information	Wm F. Schleuter				
Father's Birthplace	Germany				
Mother's Birthplace	Wis.				
How related to deceased	Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cholera Infantum

How long

105

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

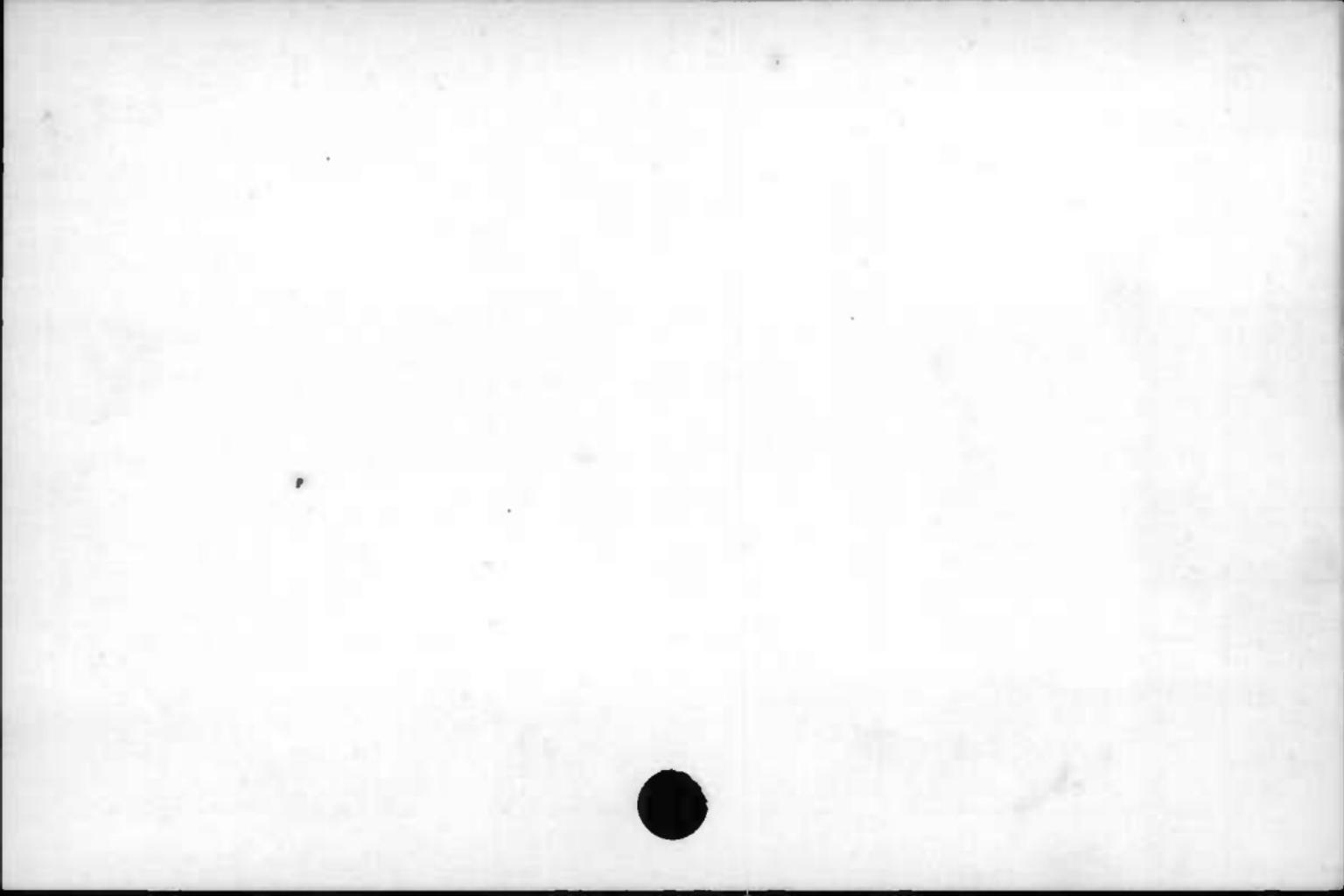
Signature of Physician

E. Elsleff

Cambridge, Md.

Address

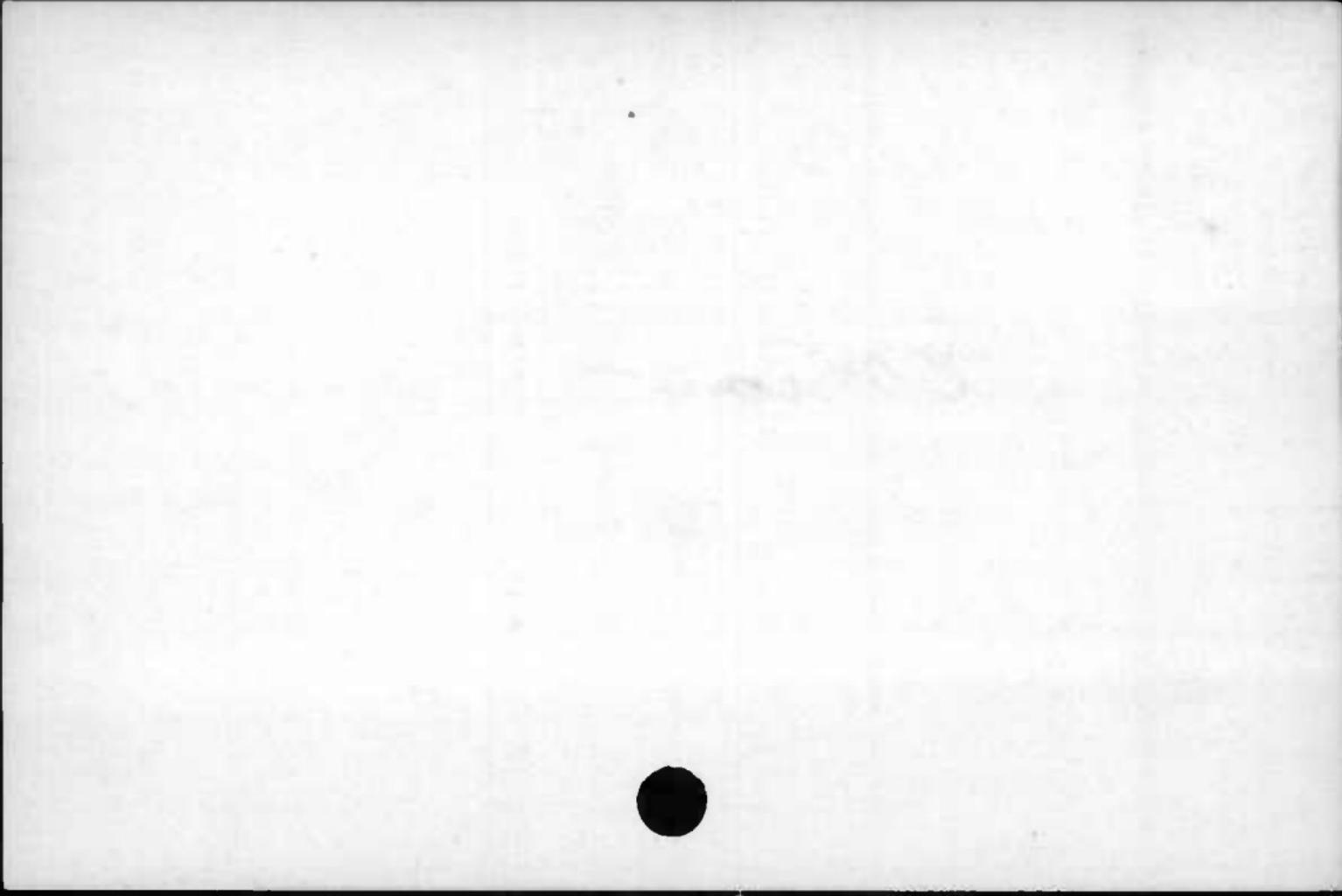
Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

<u>Cassie Seward</u>						CERTIFICATE OF DEATH	
Died at <u>Thomas</u> Date <u>of death 1906</u>			Town <u>Month Aug</u>	Day <u>3</u>	County <u>Winchester</u>	MARYLAND	
					Age <u>Years 74</u>	Months	Days
Sex <u>Female</u>			Color or Race <u>White</u>	Birth-place			
Occupation <u>None</u>			Where Residing if not at place of death				
Married, Single or Widowed <u>Widow</u>			Name of Wife or Husband				
Father's Name <u>Jas L Wright</u>			Father's Birthplace <u>Box. No 2nd</u>				
Mother's Maiden Name <u>Margaret Thomas</u>			Mother's Birthplace <u>"</u>				
Name of person giving information			How related to deceased				
CAUSES OF DEATH							

Primary	<u>Tubular heart disease</u>		How long		
Immediate	<u>Anasarca</u>		How long		
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician		
			<u>S A Stokes</u>		
			Address		
			<u>Q76-5 Cambridge</u>		
Accident or Suicide?					and



Name
In
Full

Peter Shorter

13

CERTIFICATE OF DEATH

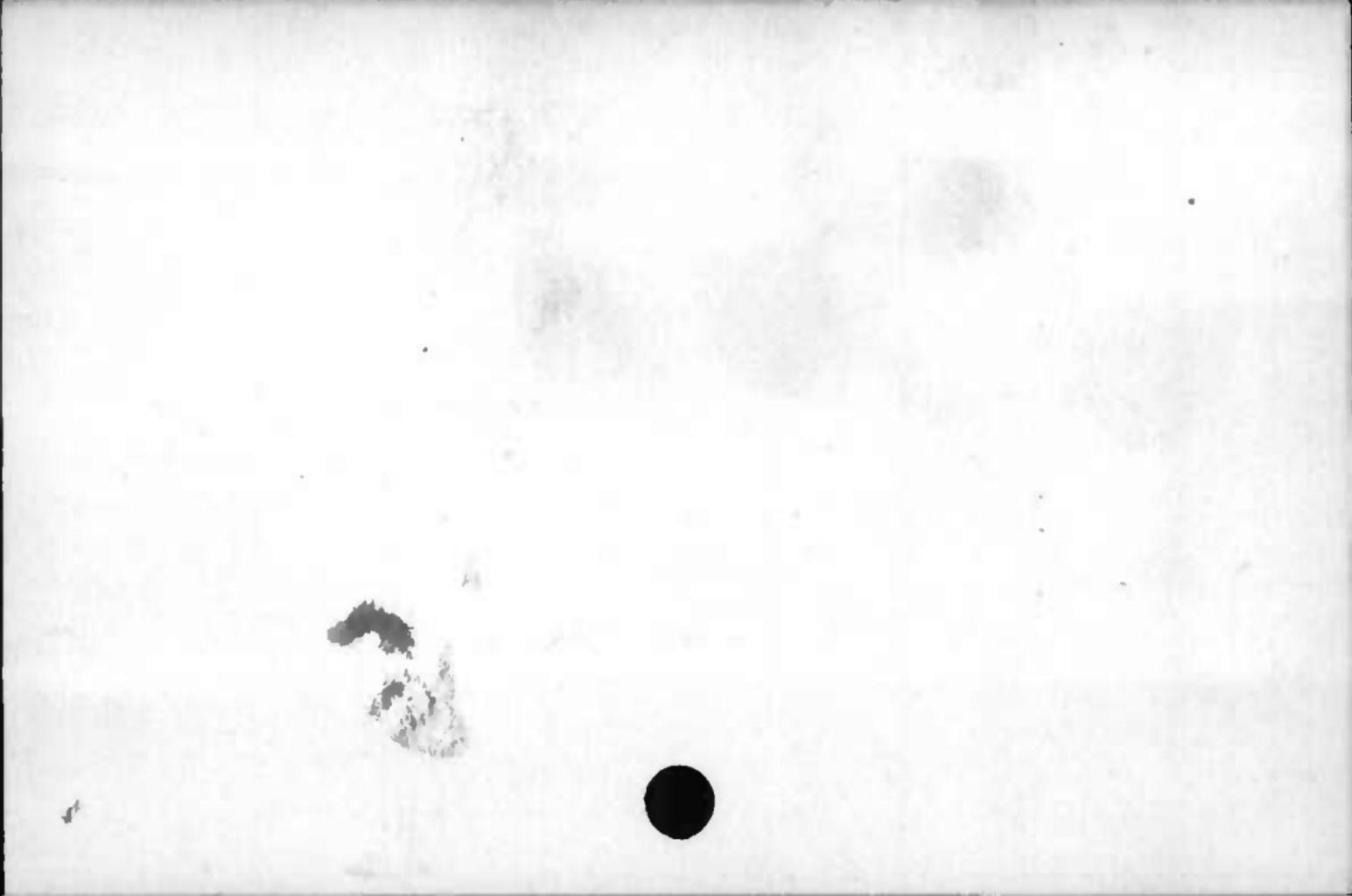
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	—		Seward's	
Father's Name	Joseph Shorter		Father's Birthplace	Maryland	
Mother's Maiden Name	Shorter		Mother's Birthplace	"	
Name of person giving Information	Fared Shorter		How related to deceased	Cousin	

CAUSES OF DEATH

Primary	Typhoid fever		How long	4 weeks
immediate	Supposed. Neurologist		How long	shot while
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	John More
			Address	Country - MD
Accident or Suicide?				



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Bethany Beach</u>			County <u>Dor.</u>			
Date of death <u>1906</u>	Month <u>Aug</u>	Day <u>15</u>	Age <u>75-</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Tolson</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Catherine</u>					
Father's Name <u>J. H. Slaven</u>	Father's Birthplace <u>1861</u>					
Mother's Maiden Name <u>Ina J. Slaven</u>	Mother's Birthplace <u>1861</u>					
Name of person giving information <u>W. G. Slaven</u>	How related to deceased <u>Sister</u>					

CAUSES OF DEATH

Debility

How long

How long

PHYSICIAN
OR CORONER

Primary

A. J. Kuhn

Immediate

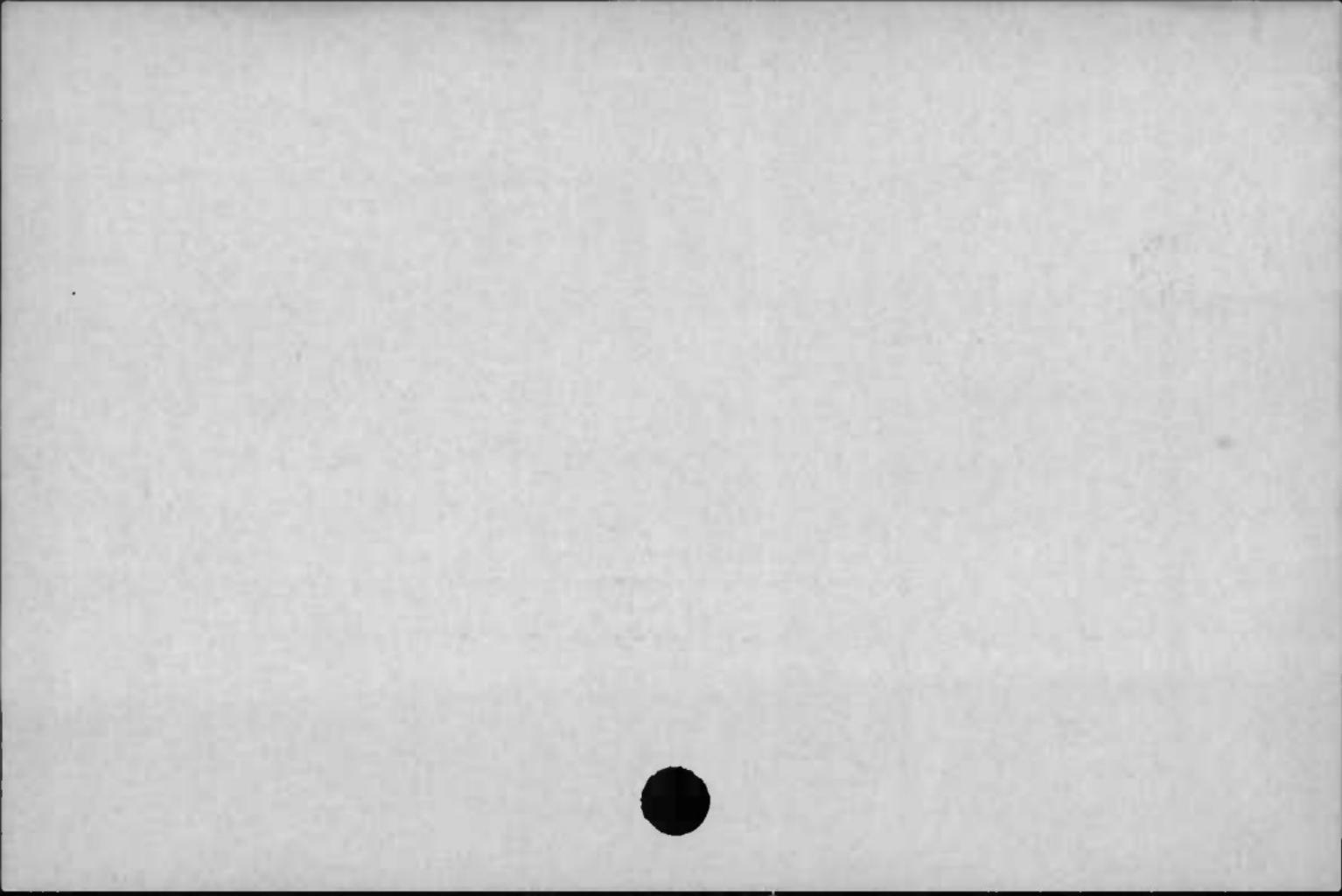
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

154

Address

Accident or Suicide?



Name
in
Full

Mary Spier

21

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Color or		Birth-place			
Occupation	House Work		Where Residing if not at place of death		Cambridge	
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Birthplace		dont know
Father's Name	dont know		Mother's Birthplace		Bucktown	
Mother's Maiden Name	Amy Spier		How related to deceased		non	
Name of person giving information	Lewis Banum					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary:

replivitis

(120)

How long

Immediate:

Don't know as only saw her once

How long

Are the name, age, sex, color, date and place correctly given above?

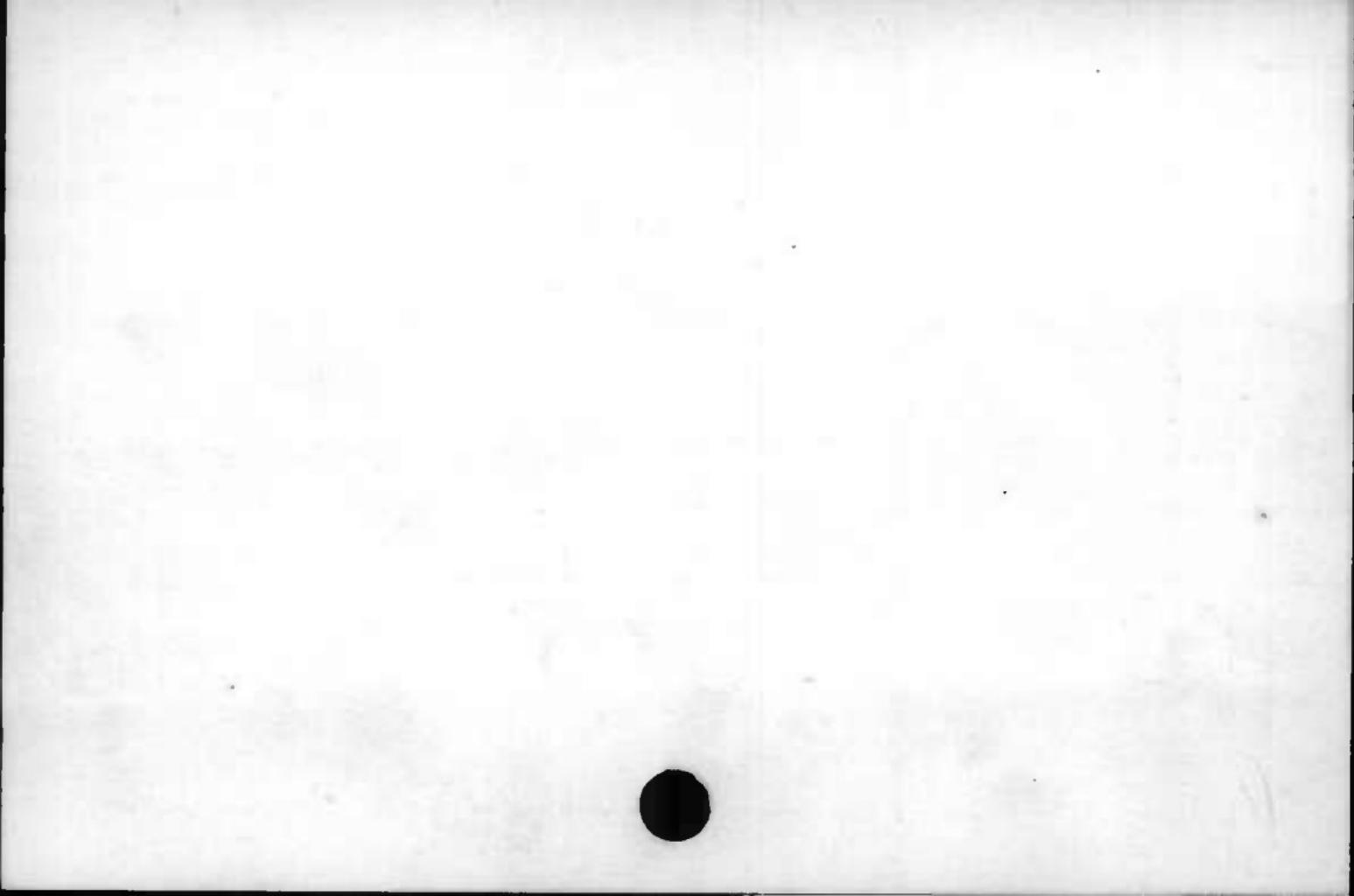
for for as I know

Signature of Physician

Address

E. E. Wolff
Cambridge, Md

Accident or Suicide?



Name
in
Full

Mrs Mary E. Stewart

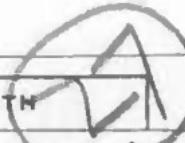
11

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Cambridge	Town	Wicomico	County	MARYLAND						
Date of death	1906	Month	Aug	Day	14	Years	35	Months	4	Days	25
Sex	Female	Color or Race	white	Birth-place	On. Co. Md.						
Occupation	Housewife		Where Residing if not at place of death								
Married, Single or Widowed	Married	Name of Wife or Husband	Chas. Stewart								
Father's Name	Clement - Shirley		Father's Birthplace	Del.							
Mother's Maiden Name	Emeline Callender		Mother's Birthplace	On. Co. Md.							
Name of person giving information	Chas Stewart		How related to deceased	Husband							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis Pulmonary & Bronchial	How long	18 Months
Immediate	Gradual exhaustion	How long	-

Are the name, age, sex, color, date and place correctly given above?

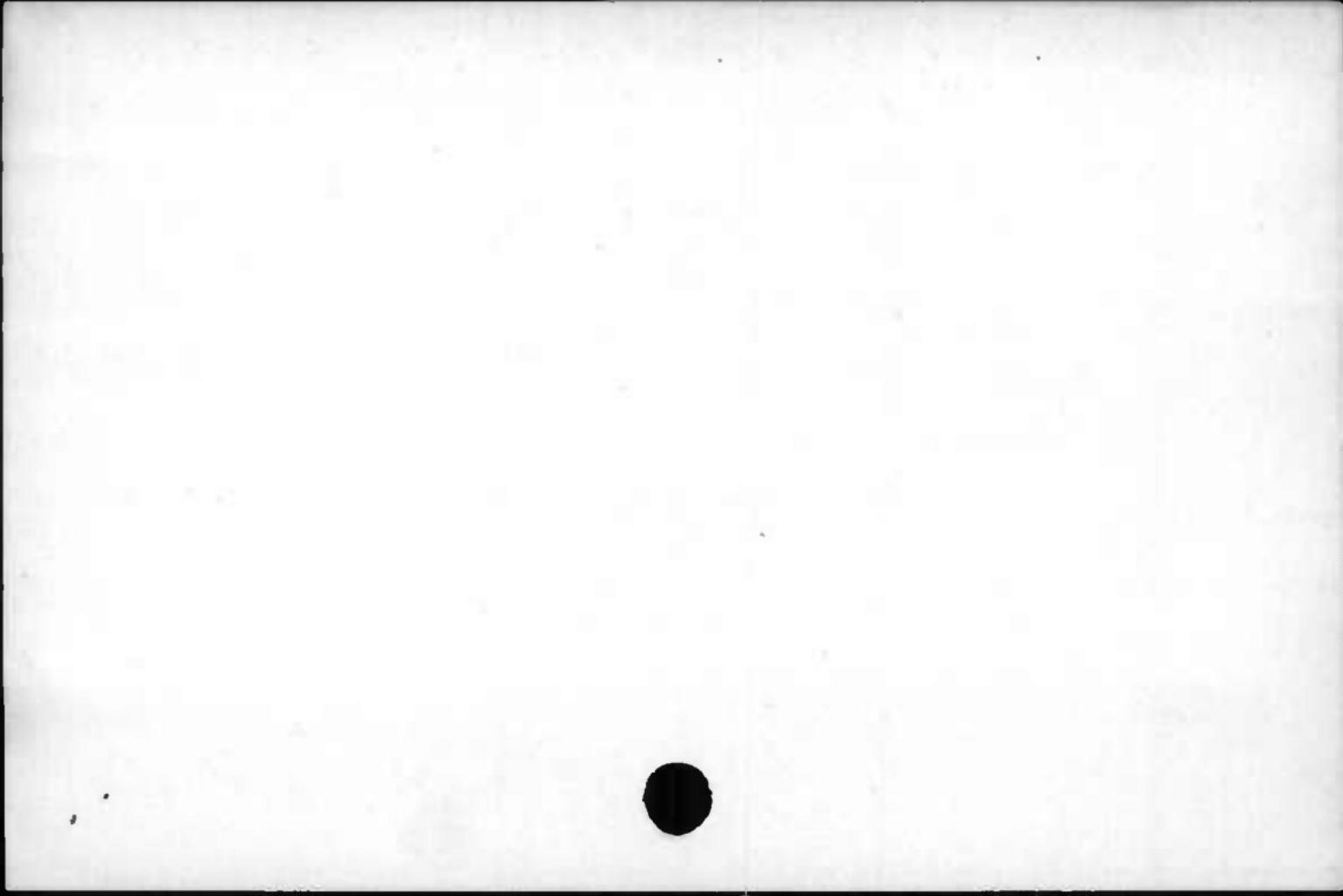
Signature of Physician

Guy Stule

Address

Cambridge Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY

NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town <u>E.N. Market</u>	County <u>Dorchester</u>		MARYLAND	
Date of death	Month <u>1906</u>	Day <u>14</u>	Age <u>2</u>	Years <u>2</u>	Months <u>2</u>	Days <u>16</u>
Sex <u>male</u>	Color or Race <u>white</u>			Birth- place <u>Dor Co. Md</u>		
Occupation <u>none</u>	Where Residing if not at place of death <u>E.N. Market, Md.</u>					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name <u>Don't Know</u>				Father's Birthplace <u>Don't Know</u>		
Mother's Maiden Name <u>Hillenah Bauman</u>				Mother's Birthplace <u>Dor Co. Md.</u>		
Name of person giving Information <u>Mrs. Hillenah Bauman</u>				How related to deceased <u>Mother</u>		

PHYSICIAN
COBONED

10

Accident or Suicide?

CAUSES OF DEATH

Primary

Bowel complaint

~~How long~~

one week

Immediate

acute like Colitis

LOWDOWN

2 days -

Are the name, age, sex, color, date
and place correctly given above?

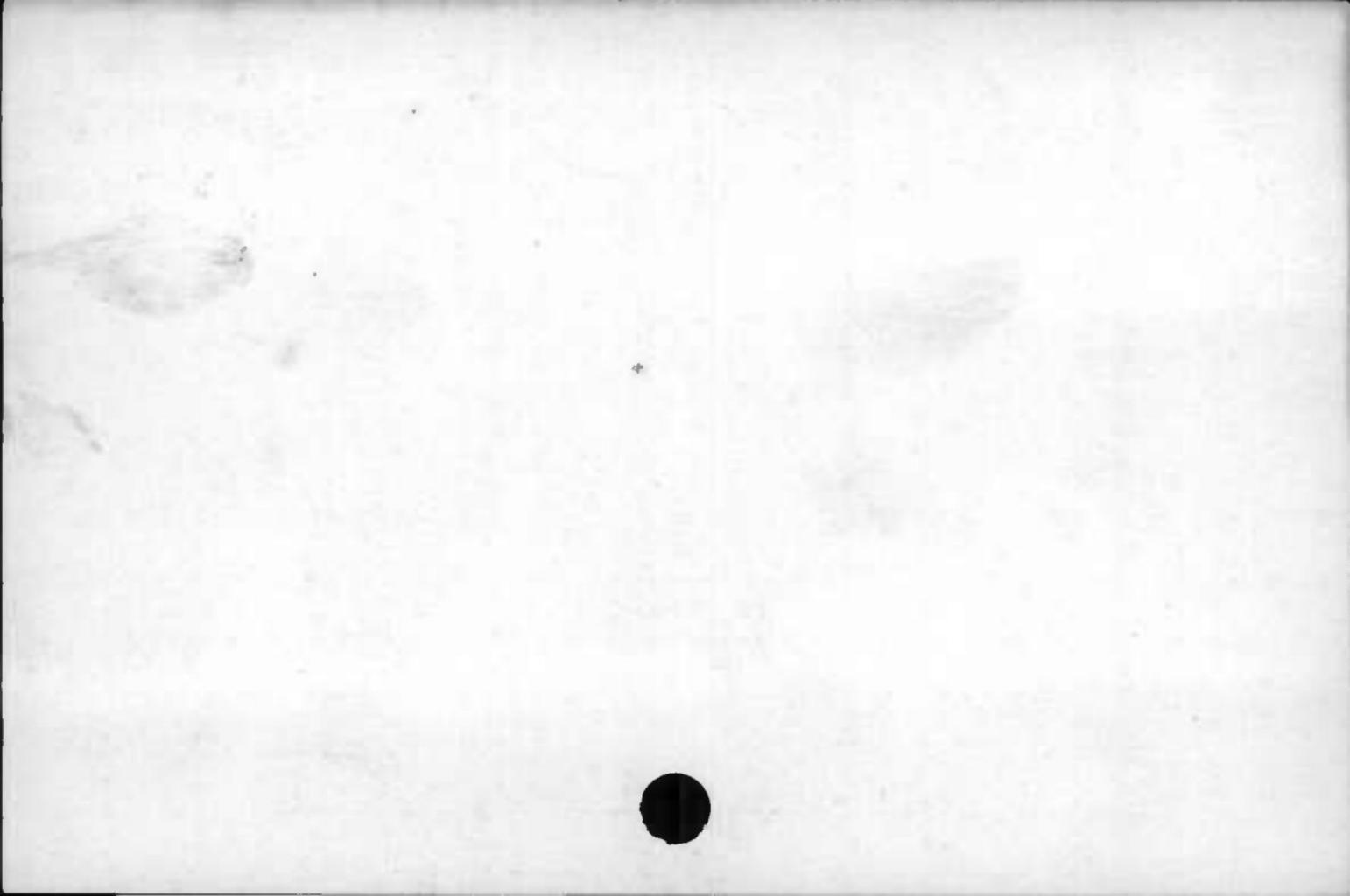
yes

Signature of
Physician

Edward L. Jones

Address

E. n. morkii, n. sp.



Name
in
Full

Isaac G. Townsend

CERTIFICATE OF DEATH

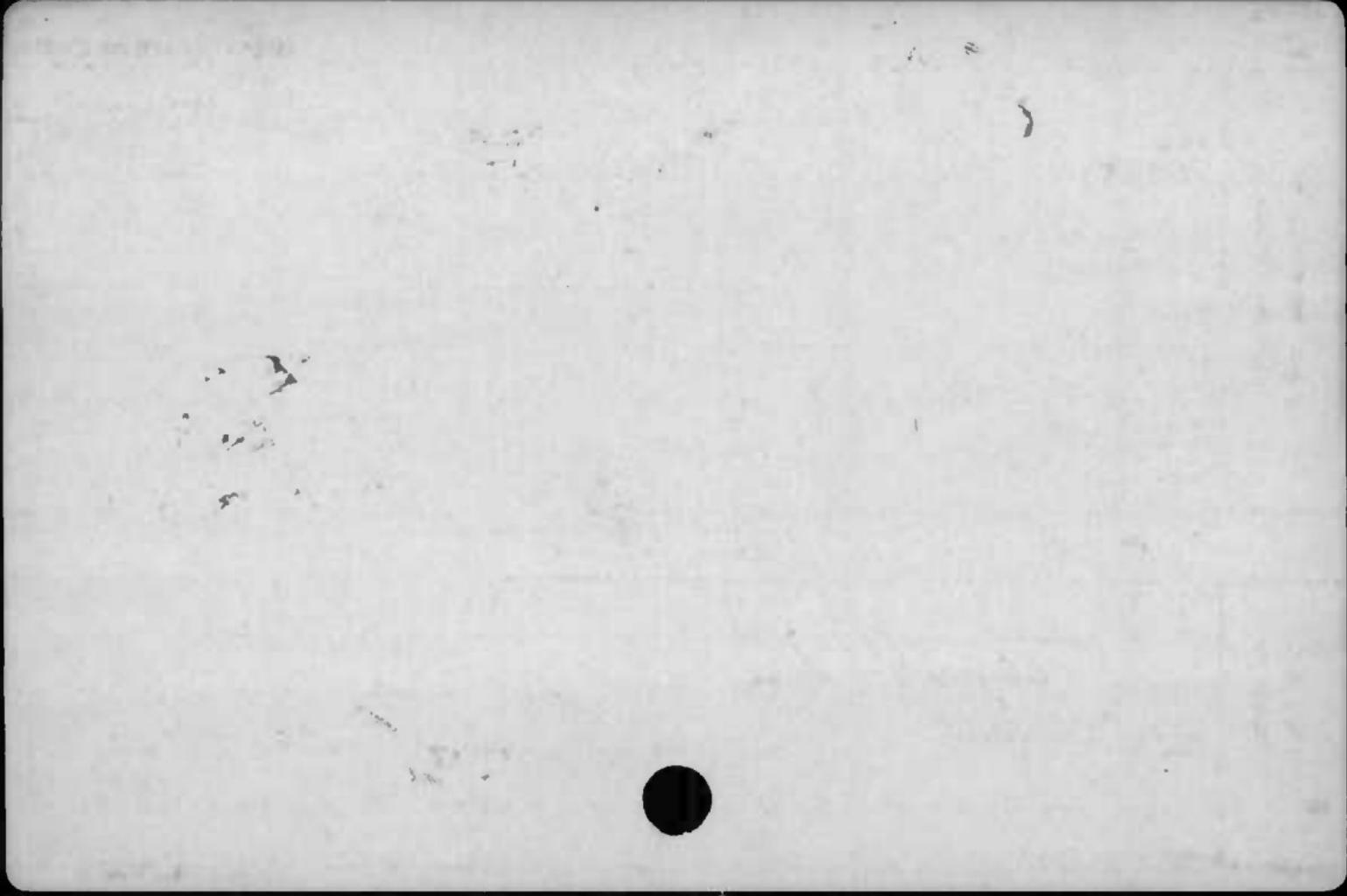
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age at death				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	dark known				
Father's Name	dark known					Father's Birthplace
Mother's Maiden Name	dark known					Mother's Birthplace
Name of person giving information	me me					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	dysentery		How long	dark
Immediate	abdominal pain		How long	—
Are the name, age, sex, color, date and place correctly given above?		—	Signature of Physician	John Moses
		Address	Crownsville Md	
Accident or Suicide?				



Name
in
Full

TO BE ANSWERED BY

NEAREST FRIEND

Thomas Ward 4					CERTIFICATE OF DEATH		
Died at	Town	County			MARYLAND		
Date of death 1906	Month Aug	Day 3	Age 58	Years	Months	Days	
Sex Male	Color or Race White	Birth-place Maryland					
Married, Single or Widowed Single	Occupation Farmer						
Name of Wife or Husband	George Ward			Father's Name	Maryland		
Mother's Maiden Name Elizabeth Ward				Father's Birthplace	" / .		
Name of person giving information Mr Jas. Saurhoff				Mother's Birthplace	How related to deceased Cousin		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hyphnoid Trns



How long

months

Immediate

Meningitis

How long

few days

Are the name, age, sex, color, date and place correctly given above?

yes

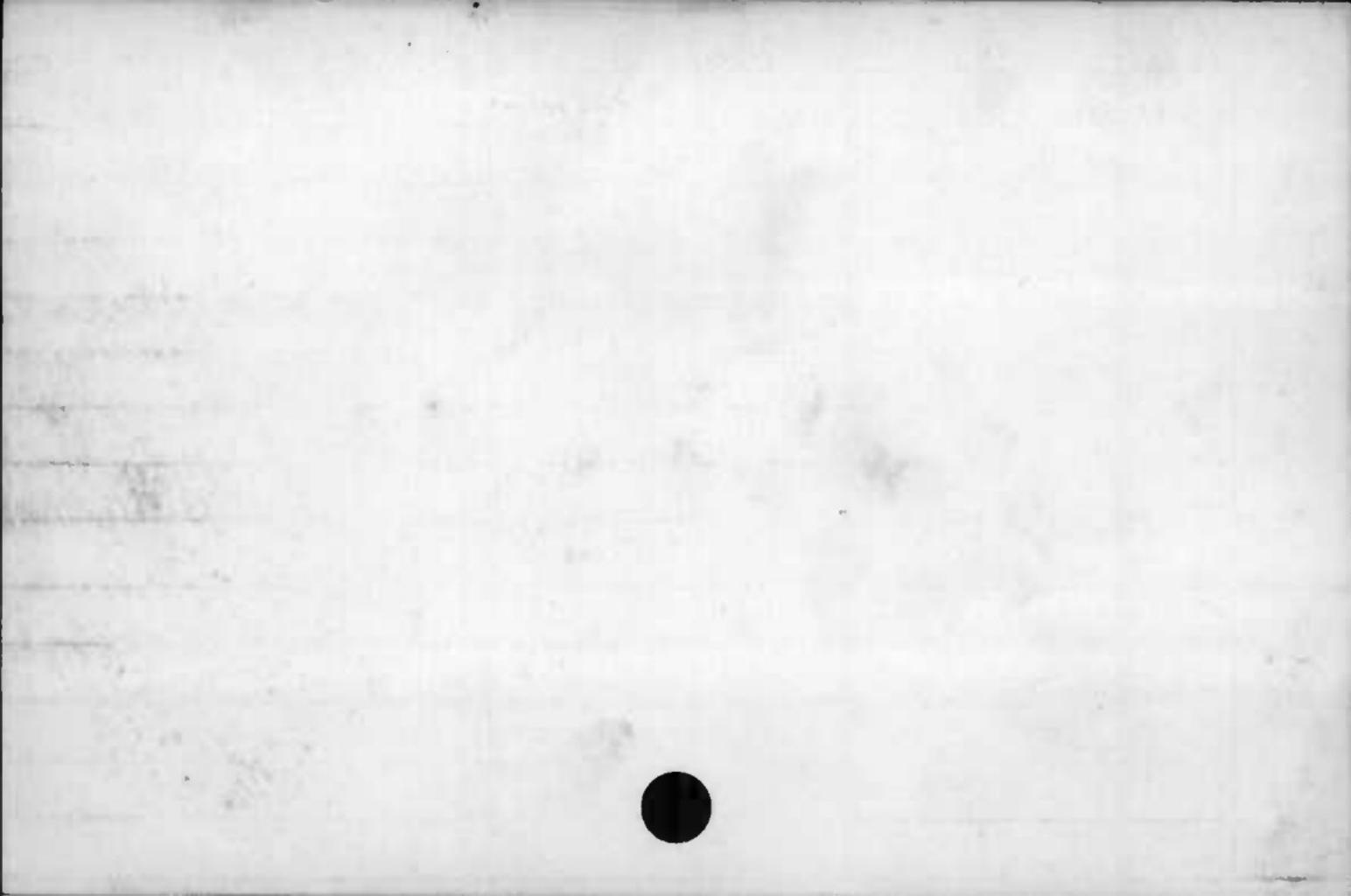
Signature of Physician

Address

John Moore
Cambridge Md

Accident or Suicide?

Willis

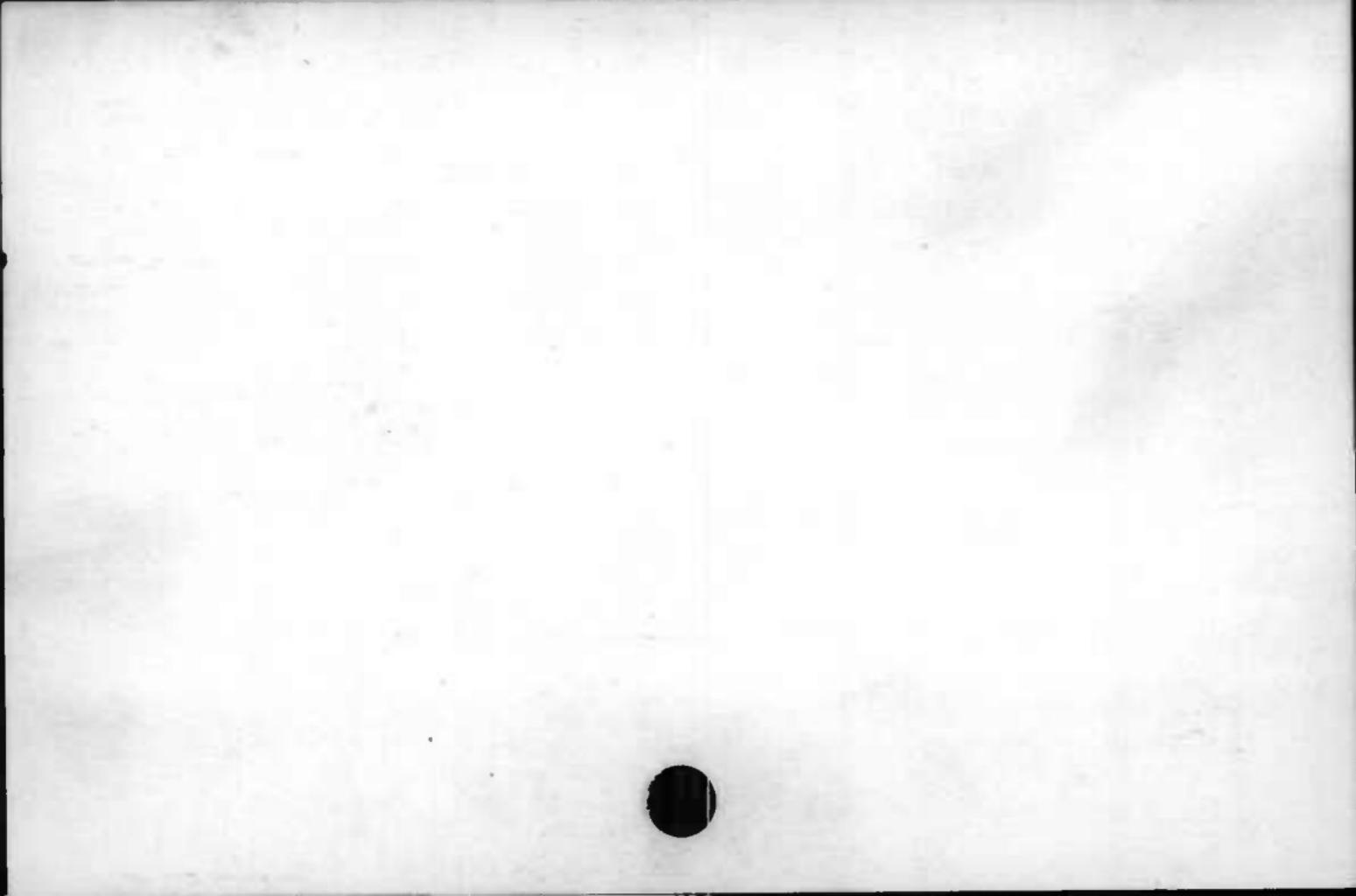


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Emery Whittington 15				CERTIFICATE OF DEATH		
Died at		Town	County	MARYLAND		
Date of death	1906	Month August	Day 18	Age 24	Years	Months Days
Sex	Male	Color or Race	colored	Birth-Place	Cambridge	
Occupation	Laborer		Where Residing If not at place of death	home		
Married, S or W Widow	Name of Wife or Husband		Anna Whittington			
Father's Name	Hos. St. Whittington		Father's Birthplace	Cambridge		
Mother's Maiden Name	Susan Ann Whittington		Mother's Birthplace			
Name of person giving information	Jos. W. Roberts		How related to deceased	neighbor not at all		
CAUSES OF DEATH						
Primary	Tuberculosis			How long	don't know	
Immediate	Exhalation			How long		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	E. Wolff		
			Address	Cambridge, Md		
Accident or Suicide?						



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Lindwood</u>		Town	<u>Wildt</u> County		CERTIFICATE OF DEATH	
Date of death <u>190</u>	Month <u>Aug</u>	Day <u>25th</u>	Years <u>nnn</u>	Months <u>10</u>	Days <u>200</u>	MARYLAND
Sex <u>Female</u>	Color or Race <u>white</u>	Age <u>nnn</u>		Birth-place <u>Baltimore</u>		
Occupation <u>nnn</u>	Where Residing if not at place of death <u>Baltimore</u>					
Married, Single or Widowed <u>nnn</u>	Name of Wife or Husband <u>nnn</u>					
Father's Name <u>Charles H Wildt</u>	Father's Birthplace <u>Baltimore</u>					
Mother's Maiden Name <u>Mary G Wildt</u>	Mother's Birthplace <u>Baltimore</u>					
Name of person giving information <u>Charles H Wildt</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

Primary

Celing infarction 105

How long

10 days

Immediate

How long

nnn

Are the name, age, sex, color, date and place correctly given above?

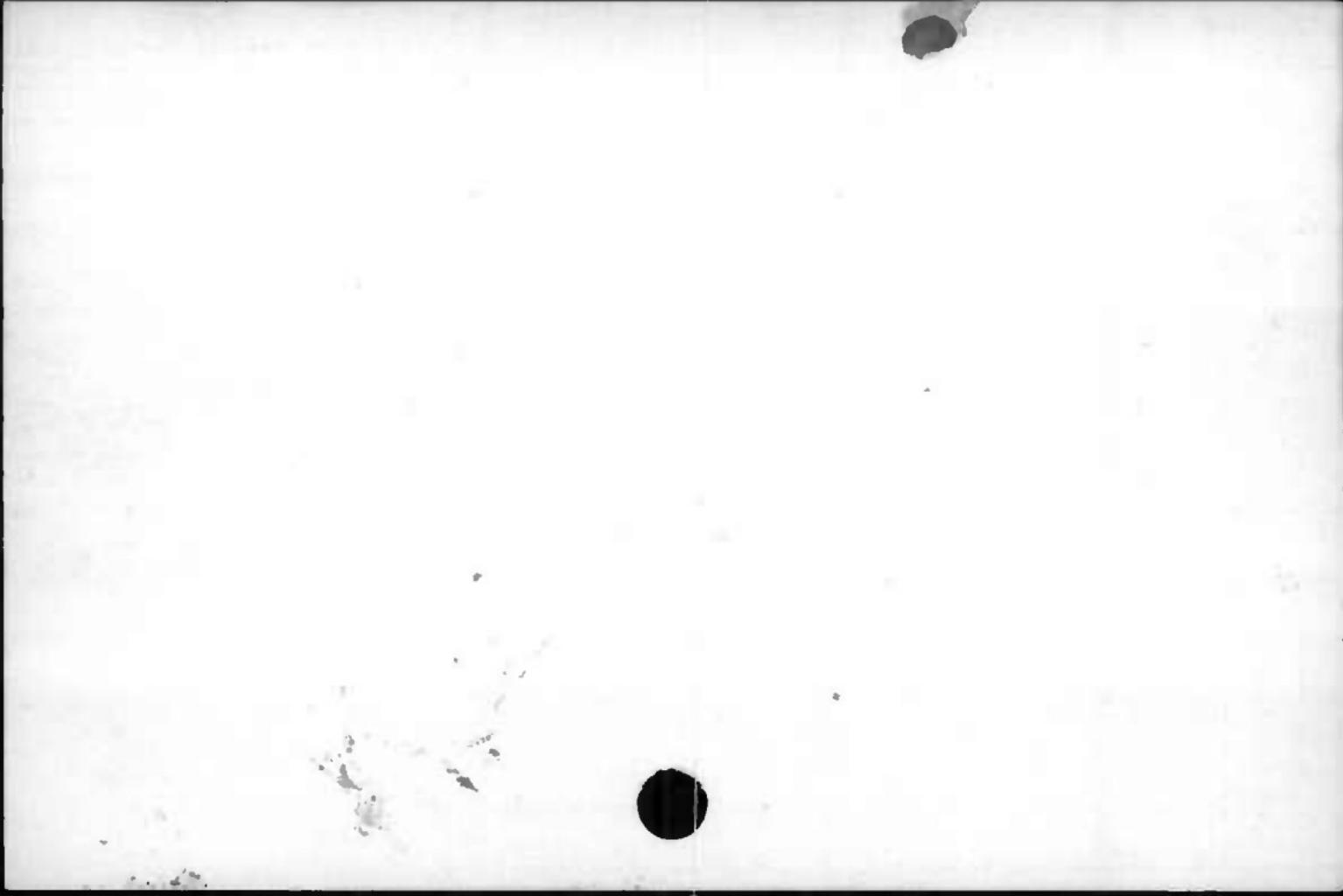
yes

Signature of Physician

Address

H. M. Vincent
Lindwood
Sororita Wldt

Accident or Suicide?



Name
in
Full

Laura J. Riley

12

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Caudle

County

Dorchester

MARYLAND

Date
of death

1906 Aug

Month

Day

14

Age

Years

31

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Dorchester Md

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Rayanna Little

Father's
Name

Edwina & North

Father's
Birthplace

Maryland

Mother's
Maiden Name

Lyzette Stewart

Mother's
Birthplace

"

Name of person giving
information

R. L. Riley

How related
to deceased

Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid fever



How long

3 mos

Immediate

Edwina

How long

Some days

Are the name, age, sex, color, date
and place correctly given above?

Yes

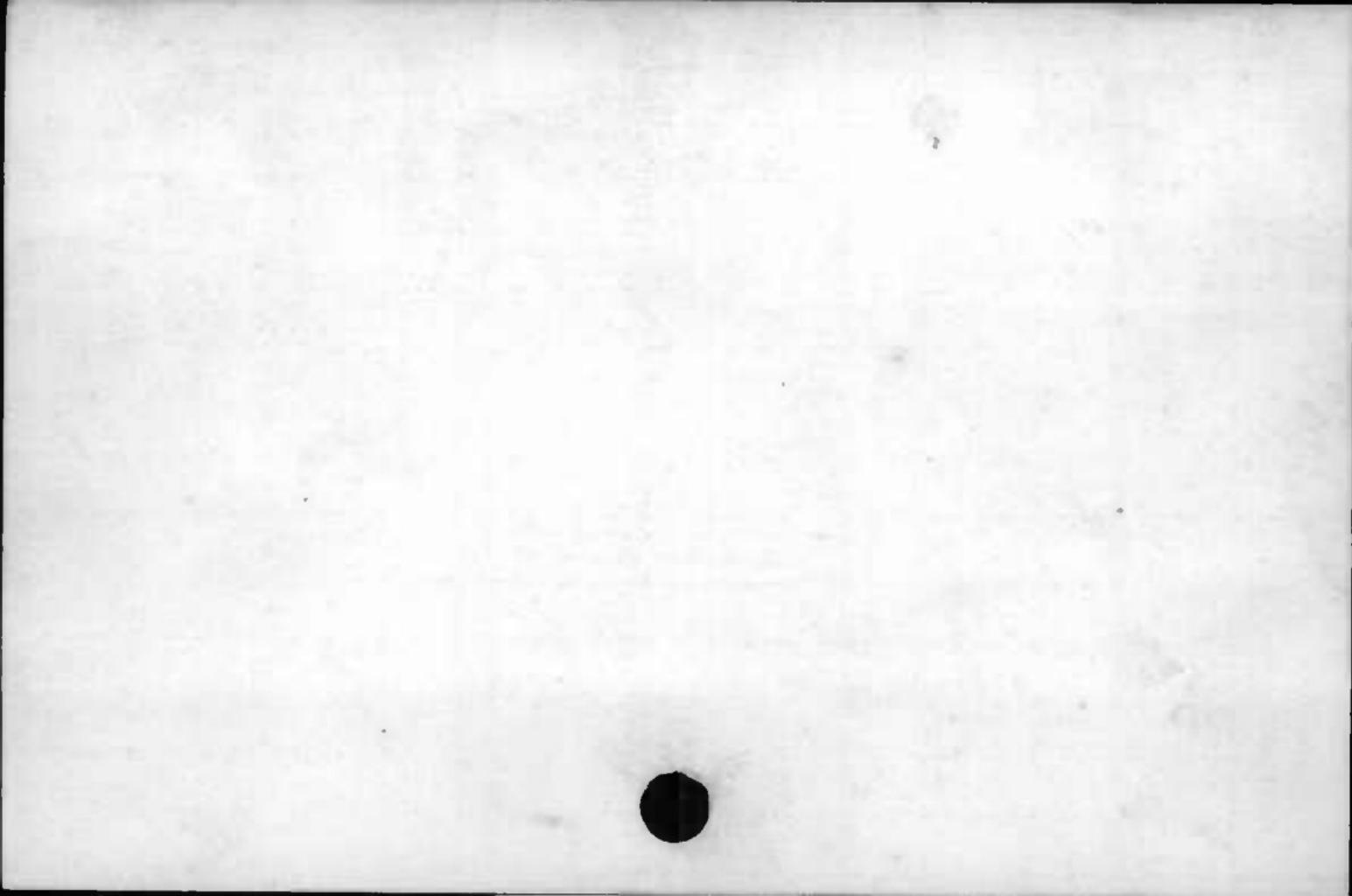
Signature of
Physician

D. W. Dasherwood

Address

Caudle, Md

Accident or Suicide?



Name
in
Full

Wiley

22

CERTIFICATE OF DEATH

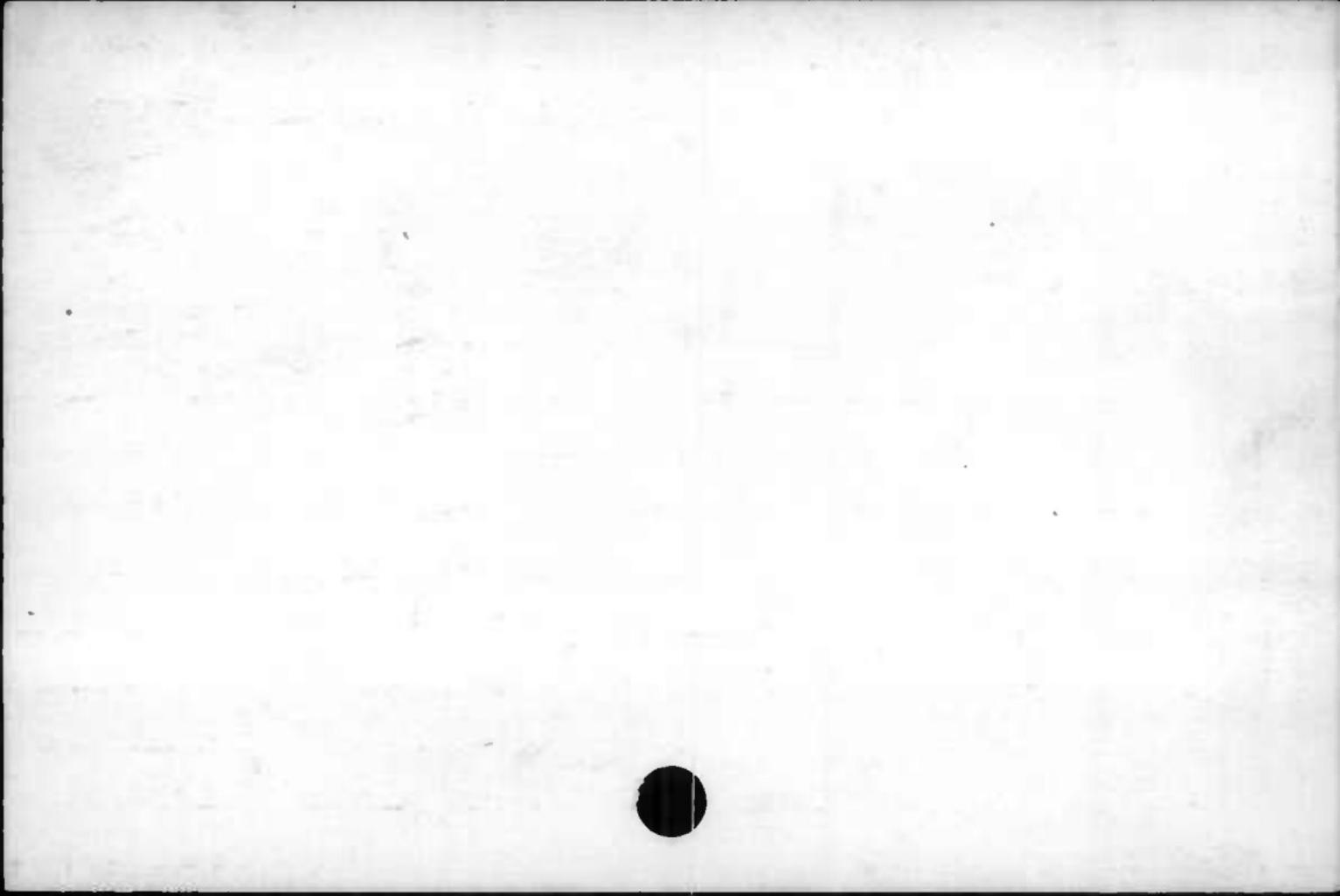
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Raymond Wiley		
Mother's Maiden Name	Laura North		
Name of person giving information	Father Raymond Wiley		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastro-Intestinal Catarrh	
Immediate	S & Lauren	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
Address	D W Wiley born 10/5/1880 Caulfield Ma	
Accident or Suicide?		



Name
in
Full

Infant Valley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Maryland	
Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband				
Father's Name	Hamilton Hillig			Father's Birthplace		
Mother's Maiden Name	Edith Hillig			Mother's Birthplace		
Name of person giving Information	Hamilton Hillig			How related to deceased		Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Premature birth

How long

—

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John Mee,
Country Rd.

Accident or Suicide?



Name
in
Full

Infant -

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County		MARYLAND	
Died at	Commodore	Baltimore Co			
Date of death	Month	Day	Years	Months	Days
1906	Aug	7	four weeks	-	-
Sex	Color or Race	Birth-place			
Occupation	Boyl	Where Residing if not at place of death			
Married, Single or Widowed	Syph	Name of Wife or Husband			
Father's Name	Honoria O'Gowley			Father's Birthplace	Irad
Mother's Maiden Name	Edith Rosalie			Mother's Birthplace	W.M.
Name of person giving information	Mrs. Wiles			How related to deceased	Wife

CAUSES OF DEATH

Primary Premature birth (15) How long -

Immediate Stridor How long -

Are the name, age, sex, color, date and place correctly given above?

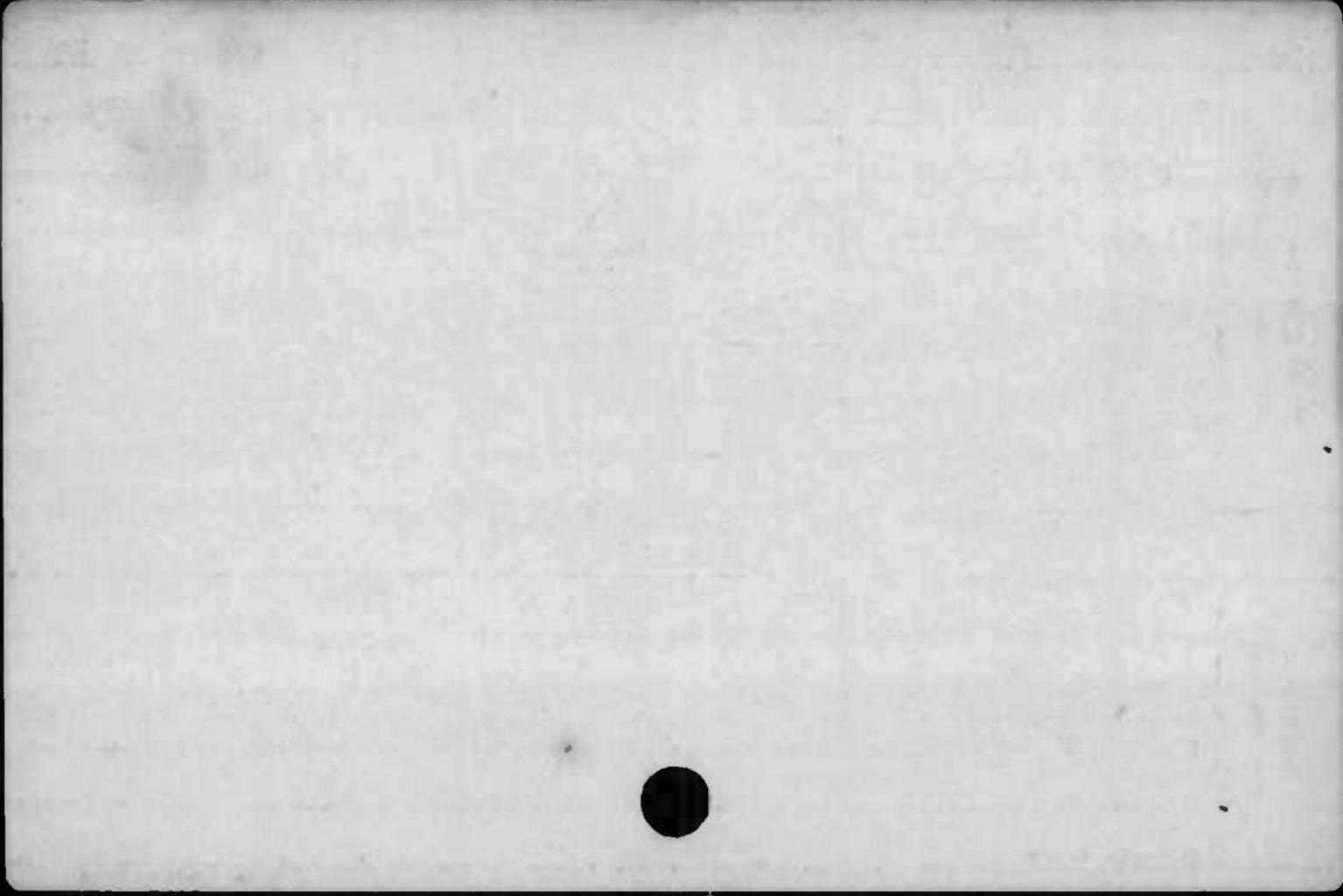
yes

Signature of Physician

Address

John Wiles
Commodore Md

Accident or Suicide?



Name
in
Full

Francis Field

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

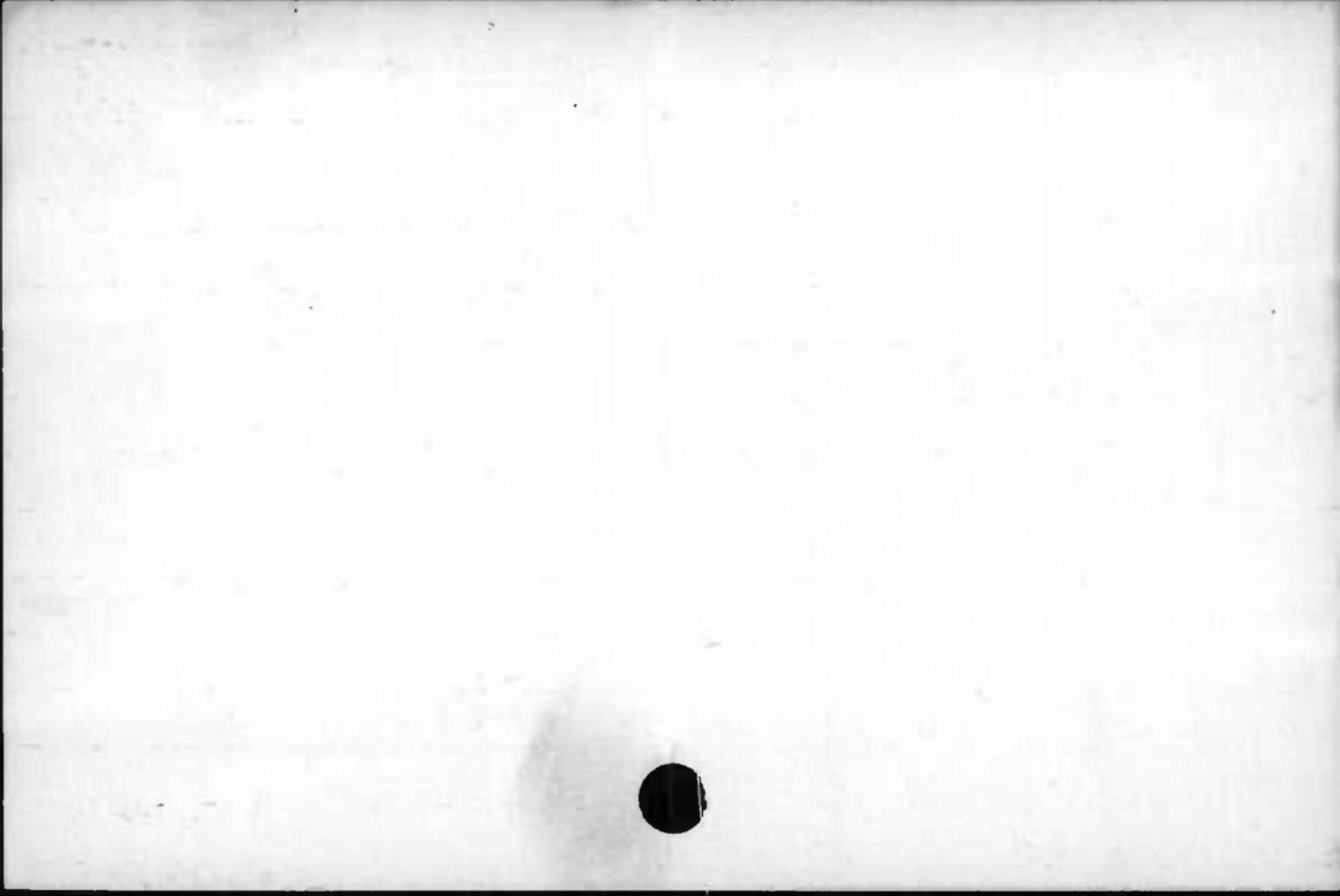
Died at	Town	County	MARYLAND	
Date of death 1906	Month 8-	Day 22 -	Age 7	Months 10 Days
Sex Female	Color or Race	Blunt	Birth- place	Baltimore
Occupation Stone	Where Residing if not at place of death			

Married, Single or Widowed	Name of Wife or Husband	Father's Name	Charley Field	Father's Birthplace	Baltimore
Mother's Maiden Name	Mary Miller	Mother's Name	Mary Miller	Mother's Birthplace	Balt., Md.
Name of person giving Information	Grand Mother Mary Miller	How related to deceased	Grand Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	(D5)	How long	2 hours -
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A. Sayers	
This little patient had been sick 10 days when I was called to		Address	E. Supermarket Rd	
Accident or Suicide? See it.				



Name
In
Full

Nellie Minibury

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Washington DC.		
Mother's Maiden Name	Washington DC.		
Name of person giving information	Washington DC.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Syphilitic fever	<input checked="" type="radio"/>	How long
Immediate	Heart failure	<input type="radio"/>	How long

Are the name, age, sex, color, date and place correctly given above?

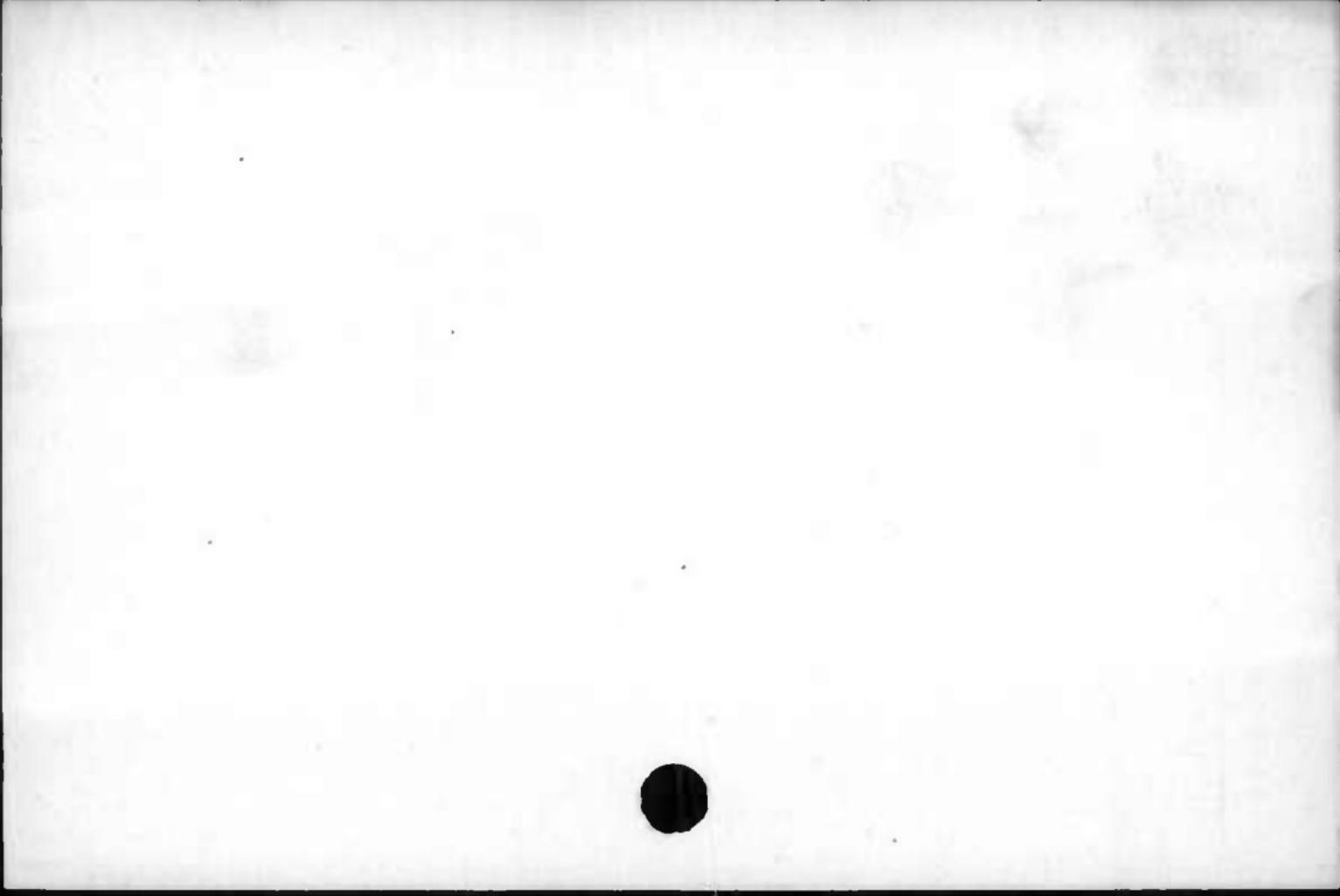
Yes

Signature of Physician

Address

Kay Steel
Cambridge Md.

Accident or Suicide?



Name
in
Full

Avery Wilson Wandaor

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Dorchester		COUNTY	
Date of death	Month	Day	Age	Years	Months Days
Sex	Male	Color or Race	White	Birth-place	Md
Occupation	None		Where Residing if not at place of death	—	
Married, Single or Widowed	—		Name of Wife or Husband	—	
Father's Name	Walter Wandaor		Father's Birthplace	Md	
Mother's Maiden Name	Oliver Mills		Mother's Birthplace	Md	
Name of person giving information	Walter Wandaor		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Enteritis

105

How long

7 day

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

E.A. O'Gorman

Address

Plano, Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<h1>Chas. S. Wing</h1>					CERTIFICATE OF DEATH	
Died at	Town	County			MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing If not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving information	How related to deceased					

Lloyds Lanchester

1906 Aug 1 20

Male negro Lloyds

Labourer

Single

Fanny Wing

Wm Beach

none

CAUSES OF DEATH

Primary Typhoid fever How long 2 weeks

Immediate Perforation - collapse How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

S A Stokes
RFD #5 Cambridge
Md

Accident or Suicide?



Name
in
Full

Mary E. Winter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town
Cambridge

County
Dorchester

MARYLAND

Date
of death

Month
Aug

Day
4

Years

Age
42

Months

Days

Sex
Female

Color or
Race

Black

Birth-
place

Maryland

Occupation

House wife

Where Residing if not
at place of death

Cambridge

Married, Single
or Widowed

Married

Name of Wife or
Husband

Thos H. Winter

Father's
Name

Joseph Matthew

Father's
Birthplace

Maryland

Mother's
Maiden Name

Francis Kilson

Mother's
Birthplace

Maryland

Name of person giving
information

Thos H. Winter

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Sephaemia

20

How long

Some days.

Immediate

Coronitis & exhaustion

How long

Several days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Bon Solaborough

Address

Cambridge Md

Accident or Suicide?

